

DISSERTATION ON

**“A STUDY TO ASSESS THE EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAMME REGARDING
KNOWLEDGE ON IMPACT OF EXCESS TELEVISION
VIEWING AMONG MOTHERS OF SCHOOL AGE
CHILDREN AT MEDAVAKKAM RURAL AREA, CHENNAI.”**

**M.SC (NURSING) DEGREE EXAMINATION
BRANCH- II CHILD HEALTH NURSING**

**COLLEGE OF NURSING
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A dissertation submitted to

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In partial fulfillment of the requirement for the award of the degree of

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CERTIFICATE

This is to certify that this dissertation titled, **“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON IMPACT OF EXCESS TELEVISION VIEWING AMONG MOTHERS OF SCHOOL AGE CHILDREN AT MEDAVAKKAM RURAL AREA, CHENNAI”** is a bonafide work done by RAJATHI.K,M.Sc Nursing II Year student,College of Nursing, Madras Medical College, Chennai-03, submitted to The Tamil Nadu Dr. M.G.R. Medical University,Chennai-32 in partial fulfillment of the university rules and regulations towards the award of the degree of **Master of Science in Nursing Branch-II, Child Health Nursing** under our guidance and supervision during academic year from 2016-2018.

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- John Lennon

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ABSTRACT

Television is one of the important media for any age group, especially children, who are easily attracted towards this media. Children love to watching television and movies. But too much of it during the developmental years can have negative impact on them. The growing children age is crucial to the development of child's body, brain, in respect of educational and psychological development. Their negative influences due to excess television viewing can have lifelong health effects.

TITLE: “A study to assess the effectiveness of structured teaching programme regarding knowledge on impact of excess television viewing among mothers of school age children at Medavakkam rural area, Chennai”

OBJECTIVES :To assess the knowledge of mothers regarding impact of excess television viewing ; to evaluate the effectiveness of structured teaching programme regarding the impact of excess television viewing among mothers school age children and to find out the association between post-test knowledge of mothers with their selected demographic variables.

METHODS AND MATERIALS : This study was conducted with 60 mothers of school age children in quantitative approach, Pre experimental one group pretest posttest design was used. Sample selection was done by convenient sampling technique. Pre-existing knowledge was assessed by using semi Structured questionnaires. After the pre-test, Structured teaching programme was given regarding the impact of excess television viewing . After 7 days post-test was conducted by using same tool.

RESULTS: The result shows in post test after having structured teaching programme, mothers were gained 42.06% more knowledge score than pretest score and the mean difference was 12.62 by using students Paired t-test and Generalised McNemar's. It is statistically significant.

CONCLUSION: Hence, the structured teaching programme was instructionally effective, appropriate and feasible. It would help the mothers to reduce excess television viewing among their children and prevent negative impacts due to excess television viewing.

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LIST OF ABBREVIATION

S.NO	ABBREVIATION	EXPANSION
1	CMS	Centre for Media Studies
2	DF	Degrees of Freedom
3	HEI	Healthy Eating Index
4	IAP	Indian Academy of Pediatrics
5	MTV	Music Television videos
6	P	Significance
7	SD	Standard Deviation
8	SEI	Selt Esteem Inventories
9	UNICEF	Universal Nations International Child Emergency Fund

CHAPTER – I INTRODUCTION

"Television is an instrument which can paralyze this country."

– William Wetmoreland

Television is one of the important media for any age group, especially children who are easily attracted towards this media. Children love to watch television and movies. But too much of it during the developmental years can have the negative impact on them. Television (TV) has its good side. It can be entertaining and educational and can open up new worlds for kids, learn about different cultures, and gain exposure to ideas they may never encounter in their own community. Programme with positive role models can influence the children to make positive lifestyle changes, but television can affect kid's health, behaviour and family life in negative ways.

Television viewing is quite random these days. The number of TV owning homes has come a long way; more than 100 million TV households have been accounted for so far. The cable operators have done a good job by building up a cable and satellite penetration of 90 million homes all over India.

There are potential benefits from viewing some television shows, such as the promotion of positive aspects of social behaviour (e.g., sharing, manners, and cooperation). Many negative health effects also can result. Children and adolescents are particularly vulnerable to the messages conveyed through television, which influence their perceptions and behaviors.¹ Many younger children cannot discriminate between what they see and what is real. Research has shown primary negative health effects on the violence and aggressive behavior,² sexuality,³ academic performance, body concept and self-image, nutrition, dieting,

and obesity⁴ and substance use⁵ and abuse patterns.⁶ Research has shown that even television news can traumatize children or lead to nightmares.³⁹

According to the recent content analysis, mainstream television programming contains large numbers of references to cigarettes, alcohol, and illicit drugs. A longitudinal study found a positive correlation between television and music video viewing and alcohol consumption among teens. Finally, content analyses show that children and teenagers continue to be bombarded with sexual imagery and innuendoes in programming and advertising.⁷

A Scientific American article entitled television addiction examined why children may find it hard to turn their TV off. According to researcher, viewers feel an instant sense of relaxation when they start to watch television, but that feeling disappears just as quickly when the box is turned off. While people generally feel more energized after playing sports or engaging in hobbies, but after watching television they usually feel depleted of energy.

According to the article, this is the Irony of TV. People watch a great deal longer than they plan to, even though prolonged. Viewing is less rewarding. In India, there are no specific advertising laws that relate to children and food related advertisement, in particular, there are no regulatory bodies that monitor television advertisement. Parents should make the kids more aware of the surroundings so that starts taking the proper and logical decision, Parents should be aware that advertising is going on and it's influencing their children more than they think.

Continued support of the Children's Television Act of 1990 and additional regulations made in 1996 will help to ensure the airing of television programs specifically designated for children. The act requires broadcasters to air educational and informational programming

for children at least 3 hours per week and to limit the amount of advertising time allowed during children's programming.

The growing children age is crucial to the development of child's body, brain, in respect of educational and psychological development. Their negative influences can have lifelong health effects. Excessive television viewing among young children has been linked to negative impacts on early childhood brain development and life-long physical health. On the other hand, repeated exposure to television can affect a child's mental and emotional development that often takes place of interactive experiences (for e.g. play) that promotes healthy brain development. Increased exposure to advertisements for high fat and sugar containing food leading to poor food choices. It was established that on an average approximate 20,000 commercials in each year a child is viewing. It was many times hypothesized that increased television viewing during meals is associated with an increased consumption of food high in fat and sugar and a decreased consumption of fruits, vegetables, and milk that affecting child's health and nutritional status.

1.1 NEED FOR THE STUDY

Television is simply automated day-dreaming.

- Lee Lovinger

As per global statistics in 2017, children consumed an average of 2.43 hours a day in television viewing, 26.74 million TV households in the United Kingdom, 1.42 million households more than a decade before in 2017. According to the Broadcast Audience Research Council 2017, Children contribute 33% viewership. New Delhi reports that many children in the city watch television as much as 10 hours a day.

According to CMS study, in Punjab and Uttar Pradesh, parents enjoy the same fare of TV along with their children and as keenly;

whereas in Tamil Nadu and West Bengal, parents try to restrain their children in favor of some discriminative viewing. In Indian TV channel, more and more media corporate are going for "children's channels." In fact, in 2011 there were two dozen "children channel" in all although not all of them are distributed all across the country.⁸

The study conducted by the **American Academy of Pediatrics**, children ages 2-5years old spend 32 hours a week in front of a television. Kids ages 6-11 spend about 28 hours a week in front of a television.⁹ About two thirds of households, the television is "usually" on during meals¹⁰. In 53% of households, there are no rules about television watching.¹¹ Children under two years of age should not watch television and children of two and older television watch one to two hours at most. Children who watch more than four hours of television a day are more likely to become overweight, academic, and behavioral problems. Television and video games violence is thought to be responsible for 10% to 20% of all real-life violence and also found that 10 % of preschool children ages 2-4 yrs overweight and 165 of low income preschool children are overweight.¹²

According to IAP 2010, Children, who observe others exhibiting a specific aggressive behavior in the media or in the environment around them are more likely to perform the same aggressive behavior immediately. Exposure to media violence has been positively related to subsequent aggressive behavior, ideas, arousal, and anger. Additionally, there is a significant negative effect of exposure to violence on subsequent helping behavior. Infrequent exposure is not likely to produce lasting consequences, but parents particularly needed to be urged to protect their children against the kind of repeated exposures that excessive play with violent TV programs.¹³

According to the research study conducted by **Michigan University in USA**, states that children who have the television in their rooms tend to watch more programs with less supervision. This study found, that a child in the modern world spends 45 hours each week in front of the television, that is almost as much as the average combined time spend each week with their parents and in school, which number at 17 hours and 30 hours respectively. A 15- year long study by **Michigan University**, researchers found that the link between childhood TV violence viewing and aggressive and violent behaviours persist into adulthood.¹⁴ Symptoms of being frightened or upset by TV stories can include bad dreams, anxious feelings, being afraid of being alone, withdrawing from friends and missing school. Fears can cause sleep problems in children.¹⁵.

TV viewing may replace school performance such as, reading, doing homework, pursuing hobbies and getting enough sleep. One research study found that TV's effects on education were long term. The study found that watching TV as a child affected educational achievement at age 26. Watching more TV in childhood increased chances of dropping out of school and decreased chances of getting a college degree, even after controlling for confounding factors.¹⁶ Watching TV at age four was one factor found to be associated with bullying in grade school¹⁷

Childhood TV habits are a risk factor for many adult health problems. One study looked at adult at age 26, and how much TV they had watched as children, found that "17% of overweight, 15% of raised serum cholesterol, 17% of smoking and 15% of poor fitness can be attributed to watching television for more than 2 hours a day during childhood and adolescence"¹⁸

According to recent Nielsen media research data in the USA, starter that the average children or adolescent watches an average of nearly 3 hours of television per day. According to National report conducted in 1999 study found children spend an average of 6 hours 32 minutes per day with various media. By the time the average person reaches age 60 years, he or she will have to spend the equivalent of 7 to 10 years watching television. And found 32% of 2 to 7 year old and 65% of 18 year olds have television sets in their bedroom. The recently completed 3-year National Television Violence Study found the following: 1) Nearly two thirds of all programming contains violence; 2) Children's shows contain the most violence; 3) Portrayals of violence are usually glamorized; and 4) Perpetrators often go unpunished.

In April 2004, Dr. Dimitri Christakis and colleagues reported in the journal of pediatrics. That early television is at risk of entering puberty at n "unnatural" early age.¹⁹ UNICEF published the **"TELEVISION AND THE INDIAN CHILD"** in the year Jan 22, 2009, observed that 76% of the viewers watched DHI/cable television channels with their children regardless of the kind of programmes they are watching on. **Dietz and Gortmaker (2006)**, In India reported that each additional hour of television viewing per week increased the risk of obesity by 2%.²⁰ Robinson done an experimental study that reveals strong evidence of a causal link between television viewing and children being overweight.²¹

Review of literature and personal experience made the investigator to realize prevention of impact of excess television viewing among children are very crucial. Every parents and school should teach about the impact of excess television viewing. As a mother should take an active interest in their children. So that we can protect our children to be smart, strong and safe. Hence the researcher decided to conduct a study to assess the effectiveness of structured teaching programme

regarding knowledge on impact of excess television viewing among mothers of school age children .

1.2 STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of Structured Teaching Programme regarding knowledge on impact of excess television viewing among mothers of school age children at Medavakkam rural area, Chennai."

1.3 OBJECTIVES

- ❖ To assess the pre-test knowledge regarding the impact of excess television viewing among mothers school age children.
- ❖ To assess the post-test knowledge regarding the impact of excess television viewing among mothers school age children.
- ❖ To evaluate the effectiveness of structured teaching programme regarding the impact of excess television viewing among mothers school age children.
- ❖ To find out the association between post-test knowledge of mothers with their selected demographic variables.

1.4 OPERATIONAL DEFINITION

- ❖ **Assess:** It refers to any activity to estimate the outcome of the structured teaching program on knowledge of mothers regarding the impact of excess television viewing among school age children as revealed by suitable knowledge questionnaire.
- ❖ **Effectiveness:** It refers to significant increase in the level of knowledge regarding impact of excess television viewing among mothers of school age children which is measured from the response of pre-test and post-test.

- ❖ ***Structured teaching program:*** It refers to systematically planned instruction module to provide adequate information regarding impact of excess television viewing among the mothers school age children.
- ❖ ***Knowledge:*** It refers to the understanding and awareness of mothers regarding impact of excess television viewing among their school age children.
- ❖ ***Impact:*** Effect of viewing television in children
- ❖ ***Excess:*** children's viewing television more than 2 hours /day
- ❖ ***Television:*** -Television is a device which transmits the dynamic or static images generally accompanying with sound, via electric or electromagnetic signals.
- ❖ ***School age children:*** It refers to the children who are the age group of 6-12 years.

1.5 ASSUMPTION

- ❖ Mothers will have less adequate knowledge regarding the impact of excess television viewing their school age children prior to the administration of structured teaching program.
- ❖ Administration of structured teaching program will promote the knowledge of mothers regarding the impact of excess television viewing among their school age children.
- ❖ Structured teaching program minimizes the impact of excess television viewing among children.

1.6 RESEARCH HYPOTHESIS

At $P \leq 0.001$ levels

- H1:** There is the significant difference between the mean pretest and post-test knowledge regarding the impact of excess television viewing among mothers of school age children
- H2:** There will be the significant association between post-test knowledge score of mothers with their selected demographic variables.

1.7. DELIMITATION

This study is limited to 60 samples.

The study is limited up to 4 weeks of period.

CHAPTER-II REVIEW OF LITERATURE

Review of literature is a key step in research process. It refers to an extensive, exhaustive and systematic examination of publications relevant to the research project. Nursing research may be considered as a continuing process in which knowledge is gained from earlier studies in an integral part of research in general.

–Denise F Polit

Literature review refers to the activities involved in searching for information on a topic and developing a comprehensive picture of the state of knowledge on the topic.

– Polit and Hungler 1993

Therefore, the investigator studied and received their view of literature to broaden her understanding about the topic and to gain insight into the selected problem.

2.1 LITERATURE REVIEW RELATED TO STUDY

The literature review for the present study has been organized and presented under the following headings.

2.1.1 Studies related to physical problems due to excess television viewing among children.

2.1.2 Studies related to learning problems due to excess television viewing among children.

2.1.3 Studies related to psychosocial problems due to excess television viewing among children.

2.1.4 Studies related to parental role and prevention regarding excess television viewing among children.

2.1.1 STUDIES RELATED TO PHYSICAL PROBLEMS DUE TO EXCESS TELEVISION VIEWING AMONG CHILDREN

Shanti,.et.al., (2017) This study was undertaken to assess the television viewing habit and its impact on weight status and behavior among 100 school children, 10 and 14 years were selected from Chennai school by purposive sampling technique. Information was collected by pre structured self-administered questionnaire. **Out** of 100 children 24% of children had good habit of TV viewing in contrast with 76% of children who showed moderately good habit, none of them exhibited poor habit of TV Viewing. Majority of the children (62%) were underweight where as 23% were overweight. TV viewing showed an impact on certain aspects of behavior such as eating(46%), physical activity(43%), Study habit(25%), emotion (43 %), sleeping (40%), and overall(39%). **The study concluded that** TV viewing had direct role in the behavioral change of the children. It had significant effect on sleep habits, school performance and weight status.²²

Sophie Dominguez,.et.al., (2017) Television remains the predominant type of screen - based activity among children. Screen time, in particular, television viewing, has been negatively associated with the development of physical and cognitive abilities, and positively associated with obesity, sleep problems, depression and anxiety. This review discusses the positive and negative effects of screen time on the physiological and psychological development of children.²³

Elena Raptou,.et.al., (2016) The present study explored the influence of eating habits, body weight and television programme preference on television viewing time. Individual level data were collected via questionnaires that were administered to a random sample of 2,946 children. Television viewing represent two independent behaviors in both genders. Dietary habits have a significant impact on

television watching with less healthy food choices associated with increasing television viewing time.²⁴

Dutra GF.,et.al., (2015) A prospective cohort study to assess the prevalence of television viewing habits and their association with childhood sedentary lifestyle and overweight in 8-year-old children with hospital screening of all births that occurred from September of 2002 to May of 2003. A cross-sectional analysis of data collected during the cohort's follow-up conducted at 8 years of age. Of the 616 interviewed children, a prevalence of sedentary lifestyle > 70% was found, as well as the habit of watching TV for more than two hours a day in 60% of the sample. This study was found that daily time spent watching TV was inversely associated with physical activity and positively associated with excess weight. The study was concluded that there was high prevalence of sedentary lifestyle among children who watch TV for an excessive period of time.²⁵

Hale, L.,et.al., (2015) This study systematically examined and updated the scientific literature on the association between screen time and sleep outcomes among school-aged children and adolescents. Reviewed 67 studies published from 1999 to early 2014, found that screen time is adversely associated with sleep outcomes in 90% of studies.²⁶

Carlos.M.Arango.,et.al., (2014) The study was conducted to analyze the associations between HRQoL and television viewing time adjusting for physical activity and weight status among 546 students aged 11–18yrs in Monteria. HRQoL data was collected using the Pediatric Quality of Life Inventory. Students completed a self-reported questionnaire including items describing TV viewing time and physical activity. Associations between HRQoL and TV viewing time were explored using logistic regression models. This study found high

TV viewing time is significantly associated with low HRQoL , low psychosocial health, low emotional functioning , low social functioning , and low school functioning . This study concluded that significant associations between high TV viewing time and poor HRQoL among school-age children.²⁷

Marinelli.M.,et.al., (2014) Longitudinal, multicenter study to examine the association between hours of television viewing and sleep duration among school-aged children. The study sample included 1713 children. Parent-reported child television viewing duration measured in hours per day in Menorca. In cross-sectional analysis, children with longer periods of television viewing reported at baseline (≥ 1.5 hours per day) had shorter sleep duration. Longitudinally, children with reported increases in television viewing duration over time (from < 1.5 to ≥ 1.5 hours per day) had a reduction in sleep duration at follow-up visits. This study concluded that, Children spending longer periods watching television had shorter sleep duration. Parents should consider avoiding long periods of daily television exposure among preschool and school-aged children.²⁸

Boulos, R., et.al., (2012) According to this study, there is association between time spent watching television and bodyweight. Possible explanations for this relationship include: watching television acts as a sedentary replacement for physical activity; food advertisements for nutrient-poor, high-calorie foods stimulate food intake and television viewing is associated with "mindless" eating. In addition to decreasing physical activity and increasing the consumption of highly palatable foods, television viewing can also promote weight gain in indirect ways, such as through the use of targeted product placements in television shows, by influencing social perceptions of body image; and airing.²⁹

Sisson.,et.al., (2012) To examine the relationship between TV-viewing time and dietary quality using a nationally representative sample. Dietary quality was determined by HEI. TV-viewing time was categorized as lower (≤ 1 hour/day); moderate (2–3 hours/day); and higher (≥ 4 hours/day; referent). Multivariate linear regression models were used to estimate the TV-viewing time and HEI, adjusted for BMI; age; ethnicity; physical activity; and total energy intake. Lower TV-viewing time was associated with higher HEI (i.e., healthier diet). The study was concluded as, less time spent watching TV was associated with better dietary quality in children³⁰

Tudor-Locke.C., et.al., (2011) This study examines associations between pedometer-determined steps/day and parent-reported child's Body Mass Index and time spent watching television among 5-12yrs children by random digit dialing and mailed a data collection package. Information on height and weight and time spent watching television was collected from parents. 5949 boys and 5709 girls reported daily steps. The odds of being overweight and obese by steps/day and parent-reported time spent television watching were estimated using logistic regression for complex samples. The odds of being overweight increased by 8% for every 30 minutes of additional time spent watching television between school and dinner on a typical school day. The study concluded that, Television viewing is the more prominent factor in terms of predicting overweight, and it contributes to obesity³¹

S Seema.,et.al., (2011) A Cross-sectional study to assess the effect of different factors associated with TV watching on vision among 1265 school children (6-15 years) in Govt. Senior Secondary Schools of Block Lakhanmajra. Visual Acuity test was performed using Snellen's E chart and an interview was done on the basis of questionnaire. Out of 1265, 93 students did not watch TV. Out of the remaining 1172, 161 students had defective vision. Out of 109 students who watched TV in

darkness, 24 students had defective vision. Out of 129 students who watched TV from a distance of less than 5 feet, 27 students had defective vision. Out of 914 students who watched TV from a distance 5-10 feet, 113 students had defective vision.³²

Chung.A, Pignone.M (2011) A meta-analysis included eight prospective observational studies. Determine the association between TV viewing and the risk of type 2 diabetes, fatal or nonfatal CVD, and all-cause mortality. The risk of developing type 2 diabetes per every 2 hours of TV watching per day was 1.20. The risk of fatal or nonfatal cardiovascular events was 1.15, and risk for all-cause mortality was 1.13. Risk of all-cause mortality appeared to increase at a threshold of > 3 hours of television watching per day, but both type 2 diabetes and CVD had linear increases in risk with each additional 2 hours per day of TV watching. **The study concluded that,** TV viewing was associated with increased risk of type 2 diabetes, cardiovascular events, and all-cause mortality in a dose-dependent manner.³³

Staiano,A.E.,et.al., (2012) A cross-sectional study of 369 children and adolescents aged 5–18 years was conducted, to examine relationships between having a TV in the bedroom and TV viewing time with total fat mass, abdominal subcutaneous and visceral adiposity, and cardiometabolic risk, based on self-reported TV present in the bedroom and TV viewing time. In multivariable models, presence of a TV in the bedroom and TV viewing time were associated with higher odds of high waist circumference, fat mass, and subcutaneous adiposity and elevated cardio metabolic risk, whereas viewing TV ≥ 5 hours/day was associated with high visceral adiposity. The study concluded thatcontrolling for moderate-to-vigorous physical activity and an unhealthy diet prevent above consequences.³⁴

Cain, N., & Gradisar, M. (2010) Electronic media have often been considered to have a negative impact on the sleep of children and adolescents, but there are no comprehensive reviews of research in this area. The present study identified 36 papers that have investigated the relationship between sleep and electronic media in school-aged children and adolescents, including television viewing, use of computers. Many variables have been investigated across these studies, although delayed bedtime and shorter total sleep time have been found to be most consistently related to media use. A model of the mechanisms by which media use may affect sleep is presented and discussed as a vehicle for future research.³⁵

Janny M Goris.,et. al., (2009) To estimate the contribution of television food advertising to the prevalence of obesity among 6–11-year-old children in six western countries. Data were collected about prevalence of childhood obesity and on TV food advertising exposure in the above countries. Two different effect estimators were used to calculate the reduction in prevalence of overweight and obesity in the absence of TV food advertising, one based on literature and one based on experts' estimates. The study concluded that the contribution of TV advertising of foods and drinks to the prevalence of childhood obesity differs distinctly by country and is likely to be significant in some countries.³⁶

Daheia J Barr-Anderson., et.al., (2009) This study examined the associations between television viewing behavior with dietary intake five years later. Data collected from 564 middle school students and 1366 high school students through television viewing time and food frequency questionnaires, at Time 1 and five years later at Time 2. Regression models examined longitudinal associations between Time 1 television viewing behavior and Time 2 dietary intake. Watching five or more hours of television per day at Time 1, predicted lower intakes of

fruits, vegetables, whole grain and calcium-rich foods, and higher intakes of trans fat, fried foods, fast food menu items, snack products, and sugar-sweetened beverages (products commonly advertised on television) five years later. This study concluded that, Television viewing in middle and high school predicted poorer dietary intake five years later.³⁷

Miller SA., et.al., (2008) In linear regression models, to examine the association between television viewing and markers of diet quality among children, studied 613 boys and 590 girls. Each mother reported the number of hours her child watched TV on an average weekday and weekend, from which calculated a weighted mean. Mean TV viewing was 1.7 hours per day. For each 1-hour increment of TV viewing per day, found higher intakes of sugar-sweetened beverages, fast food, red and processed meat, total energy intake was increased. This study found lower intakes of fruit and vegetables, and dietary fiber. This study concluded that more TV viewing is associated with adverse dietary practices. Interventions to reduce TV viewing in this age group may lead to improved diet quality³⁸

Xu F, Li J., et.al., (2008) Population-based cross-sectional study, to examine the relationship between television (TV) viewing and body mass index (BMI) among children in mainland China. One hundred and sixty-eight classes randomly selected belonging to 15 senior and 41 junior high schools in China, with a regional population of 6.0 million. Those students who watched TV for more than 7 h/week had a 1.5 times greater odds of being overweight relative to their counterparts who watched TV for 7 h/week or less. Furthermore, there was a positive linear relationship between TV viewing time and BMI. The study concluded that viewing TV might increase the likelihood of being overweight for Chinese children in China.³⁹

2.1.2 STUDIES RELATED TO LEARNING PROBLEMS DUE TO EXCESS TELEVISION VIEWING AMONG CHILDREN

Kostyrka-allchorne.,et.al., (2017) The aim of this article is to systematically review the literature studying the association between television viewing and children's executive function, academic performance, attention, language and play. Watching high-quality educational content during preschool years improves children's basic academic skills and predicts subsequent positive academic performance. Conversely, television viewing in infancy is disruptive to play; it reduces the quality and quantity of child-parent interactions and is associated with inattentive/hyperactive behaviours, lower executive functions, and language delay, at least in the short-term.⁴⁰

Byeon H., et.al., (2015) This study was investigated the relationship between 2-year-old children's exposure to TV and language among 1,778 Korean Children conducted in 2010. The linguistic ability of the toddlers was measured with Korean-Ages and Stages Questionnaire. The average daily TV watching time of 2-year-old Korean toddlers in this study was 1.21 hours. After all confounding variables were adjusted, toddlers with over 2 hours and less than 3 hours of TV watching time had 2.7 times more risk of language delay than those with less than 1 hour of TV watching time. The study concluded that the average daily TV watching time of more than 2 hours was related with language delay.⁴¹

Avosa Arthur.,et.al., (2014) This study was to investigate the effects of television on academic performance and languages acquisition of school children in Tiriki. The study involved 40 teachers and 132 parents drawn from 20 schools selected by simple random technique. It employed descriptive survey design and an ex-post facto research design. Data was collected by questionnaires. The study found out that,

Television watching has a negative effect on both academic achievement and languages acquisition of school children. The study recommends that, both parents and teachers should be involved in the choice and selection of appropriate and educative Television programs for school children.⁴²

Iman Sharif,et.al., (2010) Four-wave longitudinal telephone study of a national sample of 6,486 youth aged 10 to 14 years. Exposure measures: latent construct for screen exposure time (weekday time spent viewing television/playing videogames, presence of television in bedroom) Adjusted for baseline school performance, baseline levels of mediators, and a range of covariates, both screen exposure time and media content had adverse effects on change in school performance. Screen exposure had an indirect effect on poor school performance through increased sensation seeking.⁴³

Landhuis.C.E.,et.al., (2007) The objective of this study was to assess this association childhood television viewing causes attention problems. Study members were a general population birth cohort of 1037 participants. Parental estimates of children's television-viewing time were obtained at ages 5, 7, 9, and 11 years. Self, parent, and teacher-reported attention problems in adolescence were obtained at ages 13 and 15 years. The mean of hours of television viewing during childhood was associated with symptoms of attention problems in adolescence. The study was concluded that, childhood television viewing was associated with attention problems in adolescence, independent of early attention problems and other confounders.⁴⁴

2.1.3 STUDIES RELATED TO PSYCHOSOCIAL PROBLEMS DUE TO EXCESS TELEVISION VIEWINGAMONG CHILDREN

Henning Tiemeier.,et.al., (2014) High television exposure time at young age has been described as a potential risk factor for developing

behavioral problems. TV viewing time was assessed repeatedly in early childhood using parental report. To combine these repeated assessments used latent class analysis. Bullying involvement was assessed by teacher questionnaire. Additionally, peer/self-report of bullying involvement was obtained using a peer nomination procedure. The study was found that, high television exposure class was associated with elevated risks of bullying and victimization⁴⁵

Lindsay A. Robertson.,et.al., (2013) Excessive television viewing throughout childhood and is associated with increased antisocial behavior in early adulthood, assessed a birth cohort of 1037 individuals, at regular intervals from birth to age 26 years. This study used regression analysis to investigate the associations between television viewing hours from ages 5 to 15 years and criminal convictions, violent convictions, diagnosis of antisocial personality disorder, and aggressive personality traits in early adulthood. This study concluded that the young adults who had spent more time watching television during childhood and adolescence were significantly more likely to have a criminal conviction, a diagnosis of antisocial personality disorder, and more aggressive personality traits compared with those who viewed less television.⁴⁶

Tin SP., et.al., (2013) A cross sectional study explored the association between TV viewing hours and self-esteem among 70,210 children studying in grade four. Self-esteem was assessed by using SEI scales. Children who watched >2 hours of TV per day had lower SEI scores than those who watched <1 hour per day in all 4 subscales. An inverted J-shaped relation was observed between TV viewing hours and self-esteem among children.⁴⁷

Verlinden M.,et.al., (2012) Longitudinal study of a prospective population-based cohort in the Netherlands. To determine patterns of

television viewing predict the onset or the persistence of externalizing problems in school children. A population-based sample of 3913 children. Parents reported time of television exposure and type of programs watched by children. Externalizing problems were assessed using the Child Behavior Checklist at 18 and 36 months. The study found that patterns of exposure over time reflecting high levels of television viewing were associated with the incidence of externalizing problems and the persistence of the preexisting externalizing problems. The study was concluded as, high television exposure increases the risk of the incidence and the persistence of externalizing problems in school children.⁴⁸

Stephan, J., et.al., (2012) Watching TV represents a considerable constituent of children's waking-life, TV content should hence have a great influence on dream content. The present study in children (N=3167 children between 6 to 18) clearly indicates that most children stated that watching TV affect their dreams. Whereas the amount of TV watching is weakly associated with nightmare frequency, the children who incorporate TV contents into their dreams have more nightmares. This is most likely explained by emotional intensity experienced while watching TV and/or personality traits. Carefully designed studies eliciting TV content, emotional response to TV watching, and personality traits are necessary to better understand the effect of TV consumption on dreaming.⁴⁹

M.Jolin, Ronald.,et.al., (2011) This article reviews television usage trends and television's impact on sleep, attention, and interpersonal relationships. Many studies on television viewing have cross-sectional designs, and longitudinal research suggests that excessive television viewing is associated with negative effects on sleep, attention, and interpersonal relationships.⁵⁰

Dr.Suzy Tomopoulos., et. al., (2009) Longitudinal analysis of 259 mother-infant dyads participating in a long-term study related to early child development, from November 23, 2005, through January 14, 2008 in urban public hospital. Of 259 infants, 249 were exposed to media at age 6 months. In unadjusted and adjusted analyses, duration of media exposure at age 6 months was associated with lower cognitive development at age 14 months and lower language development. This study finding provide strong evidence in support of the American Academy of Pediatrics recommendations of no media exposure prior to age 2 years.⁵¹

Schredl.,et.al., (2008) TV viewing especially those of violent and aggressive content, has negative effects on children's sleep patterns and dreaming. Two hundred fifty-two schoolchildren (range: 9 to 13 years) completed a questionnaire about television viewing and nightmares. The findings indicate that inter individual differences in nightmare frequency were not explained by inter individual differences in TV viewing. In addition, no effect of the TV films the evening before completing the questionnaire on the dreams the subsequent night could be demonstrated. Since the approach could not rule out an effect of media use habits on nightmares, the next step will be a longitudinal study eliciting the media use habits and the occurrence of nightmares by applying self-rated scales as well as information obtained by parents.⁵²

Jennifer warner.,et.al.,(2007) More Than 2 Hours of Television a Day harms Children's Social Skills, Study Shows Watching more than two hours of television a day may lead to behavioral problems among young children. Researchers found that children who watched more than two hours of television per day from age 2 1/2 until age 5 1/2 were more likely to develop sleep, attention, and aggressive behavior problems than those who watched less. In addition, researchers found 5 1/2-year-olds

who watched more than two hours of television per day also had fewer social skills.⁵³

Christakis, et.al., (2007) A study used the National Longitudinal Survey to test the hypothesis that early television exposure (at ages 1 and 3) is associated with attention problems at age 7. Data were available for 1278 children at age 1 and 1345 children at age 3. Data were available for 1278 children at age 1 and 1345 children at age 3. Ten percent of children had attention problems at age 7. In a logistic regression model, hours of television viewed per day at both ages 1 and 3 was associated with attention problems at age 7. The study was concluded as, early television exposure is associated with attention problems at age 7.⁵⁴

2.1.4 STUDIES RELATED TO PARENTAL ROLE AND PREVENTION REGARDING EXCESS TELEVISION VIEWING AMONG CHILDREN.

Fernando Gabriel Ruiz-Dodobara., et. al., (2018) Parental monitoring of children's television viewing is an important family practice that helps children understand the messages they find on advertisements and program content. Research points at different dimensions of monitoring, including parental co-viewing, rules about when and how much time children can watch television, and active parental mediation. Parental monitoring in a sample of 303 caregivers of preschool children living in Lima. Main findings reveal that about a third of the sample engaged in parental monitoring never, rarely or sometimes, the education level of the caregiver was positively associated with limiting the time children can watch television, and that child's age was negatively associated with the frequency of active mediation and limits on the content children may watch on TV.⁵⁵

Martha Y. Kubik, et.al., (2017) Child TV-viewing time is positively associated with parent TV-viewing time. Data collected from

parents and their 8- to 12-year-old children who were participants in 2 community-based obesity prevention intervention trials conducted in metropolitan Minnesota. Multivariable binary logistic regression analysis was used to assess the association between parent TV-viewing time on weekdays or weekend days and parent rules limiting child TV-viewing time. Parents who limited their TV-viewing time on weekend days to 2 hours or fewer per day were almost 3 times more likely to report setting rules limiting child TV-viewing time than were parents who watched 2.5 hours or more per day. A similar association was not seen for parent weekday TV-viewing time.⁵⁶

IOSR Journal of Nursing and Health Science (2015) A correlation study to assess parental knowledge regarding the impact of television on children in a selected area at Aurangabad. The study aimed at assessing knowledge regarding impact of television on children, find out association between knowledge with selected demographic variables. Knowledge of parents regarding impact of television on children was assessed by structured knowledge questionnaire. The study results shows that 50% of parents having average knowledge, 20% having poor knowledge on impact of television on children. There was a significant association between knowledge scores with education and occupation of parents, and also with attitude scores with education of parents.⁵⁷

Lauricella.,et.al., (2015) This study said there is evidence that parent television use is associated with higher levels of child television time, but we know little about what predicts children's media use with other technology. Using a nationally representative sample of more than 2300 parents of children ages 0-8, children's time spent with television. Results from linear regression analyses indicate parents' own screen time was strongly associated with child screen time. Further analyses indicate that child screen time use appears to be the result of an

interaction between child and parent factors and is highly influenced by parental attitudes.⁵⁸

Fernández - Alvira., et.al., (2015) This study explored the differences between parental and child reports on parental sports participation and television time as potential mediators. 5729 children and 5183 parents participating provided information on sports participation and television time using validated self-report questionnaires. Significant mediation effect was found for parental self-reported television. Parental behaviors appear to be important in explaining parental educational differences in children's sports participation and television time. However, child reports on parental behavior appear to be more relevant than parents' self-reports as correlates of children's own sports participation and television.⁵⁹

Gingold.,et.al., (2015) This study describes the association of screen time in excess of American Academy of Pediatrics recommendations (≤ 2 h/d) with family television-use policies and regular non screen activities among school-aged children. Data from National Survey of Children's Health were used. The sum of minutes spent on television, was calculated for children 6 to 17 years old. Logistic regression models were used to calculate relative odds of exceeding American Academy of Pediatrics guidelines and of heavy screen use (> 4 h/d) for varying family media-use policies and frequency of alternative activities (physical activity and family meals). In all, 49% of school-aged children had screen time > 2 h/d and 16% had screen time > 4 h/d. Lower frequency of family meals, presence of TV in the bedroom, absence of rules about TV viewing, and less physical activity were associated with both > 2 and > 4 hours per day of screen time.⁶⁰

Jo Salmon., et.al., (2010) This study examined associations between the family environment and children's television viewing and

likelihood of being low - active. 878 Children were recruited from 19 primary schools in Melbourne. Parents completed a questionnaire about their child's TV viewing and the family environment. Children also completed a questionnaire and wore an accelerometer for 8 days. Logistic regression revealed that socioeconomic status, frequency families watched TV together, mother's and father's TV viewing, and rules prohibiting TV during meal times related to children watching TV ≥ 2 h/d. These findings suggest that the relationships between the family environment and TV viewing and low - level activity are complex and that these behaviors are distinct.⁶¹

Amy B. Jordan.,et.al., (2009) This study was explore how a recommendation to limit television viewing. The study collected background data about media use, gathered a household media inventory, and conducted in-depth individual and small group interviews with 180 parents and children ages 6 to 13 years old. Most of the children reported spending 3 hours per day watching television. Data from this exploratory study suggest several potential barriers to implementing a 2-hour limit, including: parents' need to use television as a safe and affordable distraction, parents' own heavy television viewing patterns, the role that television plays in the family's day-to-day routine, and a belief that children should spend their weekend leisure time as they wish. Interviews revealed that for many of these families there is a lack of concern that television viewing is a problem for their child. The study concluded as, Parents in this study expressed interest in taking steps toward reducing children's television time.⁶²

Paavonen.,et.al., (2009) The objective of the present study to assess whether co - viewing modifies the effects of media on children's TV - related fears. The study is based on a representative random sample of 331 children aged 5–6 years. It is based on parental reports of

children's TV - related fears and family television viewing practices. Co - viewing and TV - related discussions increased the risk for TV - related fears nearly fourfold. The findings suggest that co - viewing and discussing television programmes are more common in families where television exposure is high. The research shows that in everyday life co - viewing may not be done in such a way that it leads to a reduction of children's fears.⁶³

Barradas., et.al., (2007) To assess associations among youth television viewing and parental TV viewing, parental knowledge, and parental limits on the frequency of children's TV viewing. TV viewing time of children of the adult participants (520 boys and 525 girls) age 10 to 18 years was also collected. Associations between hours of child TV viewing and parental TV viewing, parental knowledge, and parental rules were quantified using linear regression techniques. Parent TV viewing was significantly associated with TV viewing in 10- to 12-year-old and 16- to 18-year-old boys and girls. Knowledge was not associated with TV viewing in boys and girls in this sample. Rules were associated with TV viewing in boys and girls of all ages. This study was found that, parental TV viewing and rules limiting their child's TV time may play an important role in children's weekly TV viewing time.⁶⁴

Barkin.,et.al., (2006) Studies indicate that children use television more than the recommended limit of 2 h/d, but little is known about parents' role in mediating their children's media use. Office-based survey. Data were collected on demographics, reported media behaviors, parental awareness about media effects, television in the bedroom, and parental concern. Logistic regression models to examine factors associated with the following 3 mediation approaches: restrictive, instructive, and unlimited. Parents with children aged 2 to 11 years (n = 1831) Almost half of parents reported a single mediation approach,

including restrictive for 23%, instructive for 11%, and unlimited for 7%, with 59% reporting the use of multiple strategies. Allowing unlimited media use occurred when parents permitted a television in the child's bedroom. This study was concluded as, Pediatric health care providers should identify parental practices and reinforce active media mediation strategies⁶⁵

2.1 CONCEPTUAL FRAMEWORK

Conceptual framework is interrelated concepts or abstractions that are assembled together in some rational schemes by virtue of their relevance to a common theme.

– **Polit and Beck**

This investigator has adopted Imogene king's goal attainment theory (2011) based on personal and interpersonal systems including perception, action, interaction and transaction. The investigator adopted this basic theory for conceptual framework which is aimed to find out the effectiveness of structured teaching programme on knowledge regarding impact of excess television viewing among mothers of school age children. This involves interaction between the researcher and mothers of school age children.

In this framework consist of six major concepts:

PERCEPTION

It refers to people's representation of reality. It is not observable but it can be inferred, hence the investigator has the perception for the assessment of demographic variables and pretest assessment about the effectiveness of structured teaching programme on knowledge regarding impact of excess television viewing among mothers of school age children residing at Medavakkam rural area, Chennai.

JUDGEMENT

The investigator has found the mother has inadequate knowledge regarding the impact of excess television viewing among children. She has decided to give education to mothers to improve their knowledge about the impact of excess television viewing.

ACTION

It refers any changes that have to be achieved. The investigator has planned for structured teaching programme regarding impact of excess television viewing among school age children.

REACTION

The investigator reaction is to set goal which is increasing the knowledge regarding impact of excess television viewing.

INTERACTION

It refers to the verbal and nonverbal behavior between one individual and environment or between two or more individual who involve goal directed perception and communication. Here the investigator interacts with the mothers of school age children by giving pretest and structured teaching programme by using appropriate A.V aids.

TRANSACTION

This is the achievement of a goal in this stage the investigator reassesses the knowledge regarding impact of excess television viewing among mothers of school age children by conducting post test. Feedback is to gain adequate knowledge regarding impact of excess television viewing among school age children.

CHAPTER III METHODOLOGY

Research methodology involves the systematic procedures by which the researcher starts from the initial identification of the problem to its final conclusion. It involves steps, procedures and strategies for gathering and analyzing data in a research investigation.

Denise F. Polit (2011)

This chapter includes research approach, design, variables under study, the settings of the study, population, sample, sample size, sampling technique, criteria for sample selection, development and description of the tool, validity and reliability of the instruments, scoring interpretation, pilot study, data collection procedure, plan for data analysis and ethical consideration

3.1. RESEARCH APPROACH

Quantitative research approach

3.2. STUDY DESIGN

The design in this study was pre experimental design (with one group pre-test post-test design).

It is represented as [O₁ X O₂]

Table 3.1 Pre-Experimental one group pre-test post-test design

SCHEMATIC REPRESENTATION OF THE RESEARCH DESIGN

Group	Pre assessment	Intervention	Post assessment
Pre Experimental	O1	X	O2

Key

O1: Pre assessment of knowledge on impact of excess television viewing among mothers of school age children

O2: Post assessment of knowledge on impact of excess television viewing among mothers of children

X: Structured Teaching Programme.

3.3 SETTING OF THE STUDY

Medavakkam rural area, Chennai.

3.4. DURATION OF THE STUDY

Four weeks

3.5. STUDY POPULATION

Target Population

Mothers who are having children between 6-12 years of age.

Accessible Population

The population of the study comprises mothers of school age children who are residing at Medavakkam rural area.

3.6. SAMPLE SIZE

Sample size consists of 60 mothers of school age children who met inclusion criteria.

3.7. CRITERIA FOR SAMPLE SELECTION

3.7.1 Inclusion Criteria

- ❖ Mothers who are having school age children
- ❖ Mothers who are available during collection.
- ❖ Mothers who know Tamil and English

3.7.2 Exclusion Criteria

- ❖ Mothers who are not willing to participate
- ❖ Mothers with psychological problems
- ❖ Mothers who didn't have television

3.8 SAMPLING TECHNIQUE

Non-probability – convenient sampling technique.

3.9 RESEARCH VARIABLES

Independent Variables

Structured teaching Programme regarding impact of excess television viewing among school age children.

Dependent variables

Dependent variables is the knowledge of mothers regarding impact of excess television

3.10 DEVELOPMENT AND DESCRIPTION OF TOOL

A semi structured questionnaire tool has been developed after extensive in depth review of literature. Obtained opinion and content validity from Nursing and Statistical experts and constructed tool. Pre-test of tool was done. During pilot study direct assessment of clients was performed during the data collection.

The semi structured questionnaire contains two sections:

Section-A: Comprises of demographic variables like Age of the mother, Occupation, Time spent by the mother to watching television, Time spent by the mother interacting with their child, Age of the child, Sex of the child, Time spend by child watching television per day.

Section-B: Consists of multiple choice questions which have 30 questions to assess the impact of excess television viewing among mothers of school age children. Each correct answer carries one mark and wrong answer carries zero mark. Total score is 30.

Table 3.2: Blue print for the structured questionnaire

S. No	Content	Item	Total item	Percentage
1.	General concept about Television	1-5	5	16.6%
2.	Physical problem due to excess television viewing among school children .	6-10	5	16.6%
3	Psycho social problems due to excess television viewing among school children	11-16	6	20%
4	Poor academic performance due to excess television viewing among school children	17-20	4	13.3%
5	Parent's role to prevent the impact of excess television viewing on health of children	21-30	10	33.3%
	Total		30	100%

Pre and Post knowledge assessment was used, in which each correct answer carry one mark. Number of question -30. Total Score-30.

3.11 SCORE INTERPRETATION

Table 3.3. Scoring procedure

Knowledge score interpretation

Min=0 Max=1 Total questions=30 Maximum marks= 30

S No.	Grade	Percentage	Marks
1.	Adequate knowledge	76 – 100%	23-30
2.	Moderate knowledge	50 – 75%	16-22
3.	Inadequate knowledge	0 – 50 %	< 15

3.12 CONTENT VALIDITY

The Content validity of the tool was obtained from Nursing experts in the field of Child Health. They suggested certain modifications in tool. The expert suggestion were incorporated in the tool. Then the tool was finalized and used for the main study.

3.13.PROTECTION OF HUMAN SUBJECTS

The permission for conducting the study was obtained from Institutional Ethics Committee and Deputy Director of Health Services, Chengalpattu. Researcher explained the procedure and written consent was obtained from each participant of the study before starting the data collection. All respondents were carefully informed about the purpose of the study and their part during the study and how their privacy will be guarded. The freedom was given to the clients to leave the study without assigning any reason. The study information was kept confidential. Confidentiality of the results and anonymity were assured to the subjects. Routine care was not disturbed the investigator followed the ethical guidelines during the data collection procedure.

3.14. RELIABILITY OF THE TOOL

Reliability of the tool was determined by using test-retest method. There was a significant co-relation between the test and retest according to Karl Pearson's co relation coefficient the value 0.80. This score indicates high correlation. Hence the tool was found to be reliable to conduct the main study.

3.15 . PILOT STUDY

Pilot study is a trial run for the main study, to test reliability, practicability and feasibility of the study. Pilot study was conducted in Medavakkam rural area. For pilot study 10 mothers of school age children were selected by convenient sampling technique. The samples

on which the pilot study was conducted were excluded from the main study.

3.16. DATA COLLECTION PROCEDURE

The formal permission was obtained from the Institutional Ethics Committee and Deputy Director of Health Services, Chengalpattu for conduction of pilot study and main study. The main study was conducted for four weeks, Monday to Saturday. The data was collected from 8am to 4pm with subjects who met the inclusion criteria and on each sample spent approximately 15 -30 minutes.

The study sample was selected by convenient sampling technique. After the initial task assembled the mothers, then investigator introduced herself, explained the purpose of study, got informed consent and ensured confidentiality. Explained the mothers that they have right to withdraw from the study anytime and assured that the details of their profile will be maintained confidentially. The data collection includes collecting demographic data followed by investigator accommodated the mothers comfortably and assessed (Pretest) the knowledge regarding the impact of excess television viewing among their school age children by using semi structured questionnaire in Tamil obtained.

The Structured teaching programme was implemented on the same day for 45 minutes using lecture cum discussion method with flip chart and phamplets which was prepared by the researcher after consulting with the Experts. The mothers participated with interest. They were alert enthusiastic, teaching certain points were repeated for better understanding, doubts were clarified by explaining and phamplets was given to each mothers at the end of the session.

After 7 days of interval the post test was conducted for 25 minutes among the sample using the same questionnaire. The investigator observed and scored the knowledge regarding the impact of

excess television viewing among mothers of school age children. The data collection procedure was terminated by thanking the respondents.

3.17 INTERVENTION PROTOCOL

Table 3.4: Intervention Protocol

Place	Kalaignar Nagar, Medavakkam rural area.
Intervention tool	Semi Structured questionnaire (flip chart, Pamphlet)
Duration	45 minutes
	One time teaching
Administered by	The investigator
Recipient	60 mothers of school age children

3.19 DATA ENTRY AND ANALYSIS

- ❖ Both descriptive and inferential statistics were used. Descriptive statistics (frequency and percentage distribution, mean and standard deviation) and inferential statistics (paired t- test, chi square test and Mc.Nemar test) were used to test the research hypothesis.
- ❖ Knowledge score were given in mean and standard deviation. Difference between pre-test and post-test were analyzed using student paired 't'- test and generalized Mc.Nemar test.
- ❖ Associations between level of knowledge score with demographic variables were analyzed using chi square test.
- ❖ Difference between pre-test and post-test difference on effectiveness on structured teaching programme were analyzed using mean difference with 95% CI. $P < 0.001$ was considered statistically significant

CHAPTER –IV

DATA ANALYSIS AND INTERPRETATION

This chapter presents the analysis and interpretation of data collected from 60 subjects using a structured questionnaire to assess the knowledge regarding impact of excess television viewing among mothers of school age children. The data was analyzed according to the objectives and hypothesis formulated for purpose of this study.

Analysis is the process of organizing and synthesizing the data in such a way that research questions can be answered and hypothesis tested. The purpose of analysis is to reduce the data into an intelligible and interpretable form, so that the relation of research problem can be studied and tested. Analysis and interpretation of data collected from 60 subjects is done based on the objectives and hypothesis of the study using descriptive and inferential statistics.

ORGANIZATION OD DATA

SECTION-A: Distribution of demographic variables of study participants

SECTION-B: Knowledge score of mothers before and after structured teaching Programme

SECTION-C: Comparison of mean scores between pretest and posttest knowledge scores of mothers regarding impact of excess television viewing among their school age children

SECTION-D: Assessment of effectiveness of structured teaching Programme on impact of excess television viewing among mothers of school age children

SECTION-E: Association of posttest level of knowledge with their selected demographic variables

STATISTICAL ANALYSIS

- ❖ Demographic variables in categories were given in frequencies with their percentages.
- ❖ Knowledge score were given in mean and standard deviation.
- ❖ Association between demographic variables and knowledge score were analyzed using Pearson chi-square test
- ❖ Quantitative knowledge score in pretest and posttest were compared using student's paired t-test.
- ❖ Qualitative level of knowledge in pretest and posttest were compared using Stuart-Maxwell test /extended McNemar test
- ❖ Association between knowledge gain score with demographic variables are assessed using one way ANOVA F-test and student independent t –test.
- ❖ Simple bar diagram, Multiple bar diagram, Pie diagram and Box plot were used to represent the data .
- ❖ $P < 0.05$ was considered statistically significant. All statistical tests are two tailed test.

SECTION-A: DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF STUDY PARTICIPANTS

Table-4.1: Demographic Profile of Mothers

Demographic variables		No. of mothers of school age children	%
Age of mother	20 -25 years	34	56.67%
	26 -30 years	14	23.33%
	31 -40 years	12	20.00%
	> 40 years	0	0.00%
Occupation of mother	Non-Working mother	38	68.33%
	Working mother	22	31.67%
Time spent by mother in watching television per day	1-2 hour	9	15.00%
	3-4 hour	10	16.67%
	5-6 hour	41	68.33%
	> 6 hour	0	0.00%
Time spent by mother in interacting with the child per day	< Half an hour	23	38.33%
	Half an hour to one Hour	18	30.00%
	More than one hour	19	31.67%

Table 4.1 shows the demographic information of mothers those who were participated in the study.

- ❖ **Age of the mothers** between 20-25years of age group were 34 (56.67%), between 26 to 30 years were 14(23.33%), between 31-40 years were 12 (20.00%), and > 40 years 0(0.00%).
- ❖ **Occupation of the mothers**, 38 (68,33%) mothers were house wife, 22 (31.67%) were working mothers.

- ❖ **Time spent by mother in watching television per day,** 9 (15.00%) mothers were spent 1-2 hours, 10 (16.67%) mothers were spent 3-4 hours, 41 (68.33) mothers were spent 5-6 hours, and no mothers were spent more than 6 hours.
- ❖ **Time spent by mother in interacting with the child per day** 23(38.33%) mothers were spent below half an hour, 18(30.00%) mothers were spent half an hour to one hour and 19(31.67%) mothers were spent more than one hour

Table-4.2: Demographic Variables of Children

Demographic variables in Children		No. of Children	%
Age of child	6-7 years	25	41.7%
	8-9 years	28	46.7%
	10-11 years	5	8.3%
	>11 years	2	3.3%
Sex	Male	31	51.7%
	Female	29	48.3%

Table 4.2 shows the demographic information of children:

Age of children between 6-7years of age were 25(41.7%), between 8-9 years of age were 28(46.7%), between 10-11 years were 5(8.3%) and below 11 years were 2(48.3%)

Sex of children, male children were 31(51.7%) and female children were 29(48.3%)

SECTION-B: KNOWLEDGE SCORE OF MOTHERS BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME

Table-4.3: Each Domainwise Pretest Percentage of Knowledge of mothers on Impact of Excess Television Viewing among Children

S. No	Domains	No. of questions	Min – Max score	Knowledge score		
				Mean	SD	% of mean score
1	General concept about Television	5	0 -5	2.23	1.08	44.60%
2	Physical problem due to excess television viewing among school age children.	5	0 – 5	1.98	1.02	39.60%
3	Psycho social problems due to excess television viewing among school age children	6	0 – 6	2.35	1.04	39.17%
4	Poor academic performance due to excess television viewing among school age children	4	0 – 4	1.55	0.79	38.75%
5	Parent's role to prevent impact of excess television viewing on health of children	10	0 - 10	3.52	1.72	35.20%
	Total	30	0 - 30	11.63	3.09	38.77%

Table 4.3 shows each domain wise pre-test percentage of knowledge of mothers regarding impact of excess television viewing among children.

- ❖ They were having maximum knowledge score on General concept about Television (44.60%) and minimum knowledge score on Parent's role to prevent impact of excess television viewing on health of children (35.20%).

Table-4.4: Overall Pretest Knowledge Score

	No. of questions	Min – Max score	knowledge score	
			Mean \pm SD score	%
Overall score	30	0 -30	11.63 \pm 3.09	38.77%

Table 4.4 shows, Pre-test percentage of knowledge score regarding impact of excess television viewing among mothers school age children. Overall pretest percentage of knowledge score among mothers were 38.77% .

Table-4.5: Pretest Level of Knowledge score

Level of knowledge	No. of mothers	%
Inadequate knowledge	53	88.3%
Moderate knowledge	7	11.7%
Adequate knowledge	0	0.0%
Total	60	100%

Table 4.5 shows the mothers pretest level of knowledge.

88.3% of mothers were having inadequate knowledge and 11.7% of them were having moderate knowledge and none of them were having adequate knowledge.

KNOWLEDGE SCORE INTERPRETATION

Min=0 Max=1 Total questions=30 Maximum marks= 30

S. No.	Grade	Percentage	Marks
1.	Adequate knowledge	76 – 100%	23-30
2.	Moderate knowledge	50 – 75%	16-22
3.	Inadequate knowledge	0 – 50 %	< 15

Table-4.6: Each Domainwise Posttest Percentage of Knowledge of mothers on Impact of Excess Television Viewing Among Mothers of School Age Children

S. No	Domains	No.of questions	Min – Max Score	Knowledge score		
				Mean	SD	% of mean score
1	General concept about Television	5	0 -5	4.07	1.27	81.40%
2	Physical problem due to excess television viewing among school age children.	5	0 – 5	4.23	1.18	84.60%
3	Psycho social problems due to excess television viewing among school age children	6	0 – 6	5.00	1.35	83.33%
4	Poor academic performance due to excess a television viewing among school age children	4	0 - 4	3.15	1.16	78.75%
5	Parent’s role to prevent impact of excess television viewing on health of children	10	0 - 10	7.80	1.95	78.00%
	Total	30	0 - 30	24.25	3.00	80.83%

Table 4.6 shows each domain wise post-test percentage of knowledge regarding impact of excess television viewing among mothers of school age children. They were having

- Maximum knowledge in **Physical problems due to excess television viewing among school age children (84.60%)**
- Minimum knowledge score in **Parent’s role to prevent impact of excess television viewing on health of children (78.00%)**.

Table-4.7: Overall Posttest Knowledge Score

	No. of questions	Min – Max score	knowledge score	
			Mean \pm SD score	%
Overall score	30	0 -30	24.25 \pm 3.00	80.83%

Table 4.7 shows, post-test percentage of knowledge of mothers regarding impact of excess television viewing among children. Overall post-test percentage of knowledge score among mothers were 80.83%

Table-4.8: Post Test Level of Knowledge score

Level of knowledge	No. of mothers	%
Inadequate knowledge	0	0.0%
Moderate knowledge	12	20.0%
Adequate knowledge	48	80.0%
Total	60	100%

Table 4.8 shows the mothers the posttest level of knowledge.

None of the mothers were having inadequate knowledge 20.0% of them were having moderate knowledge .80.0% mothers were having adequate knowledge.

**SECTION-C: COMPARISON OF MEAN SCORES BETWEEN
PRETEST AND POST TEST KNOWLEDGE
SCORES OF MOTHERS REGARDING IMPACT
OF EXCESS TELEVISION VIEWING AMONG
THEIR SCHOOL AGE CHILDREN**

Table-4.9: Comparison of Domainwise Pretest and Posttest Knowledge Score

S. No	Knowledge on	Pretest		Posttest		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
1	General concept about Television	2.23	1.08	4.07	1.27	1.84	t=8.40 P=0.001 *** DF= 59, Significant
2	Physical problem due to excess television viewing among school age children.	1.98	1.02	4.23	1.18	2.25	t=11.51 P=0.001 *** DF= 59, Significant
3	Psycho social problems due to excess television viewing among school age children	2.35	1.04	5.00	1.35	2.65	t=12.88 P=0.001 *** DF= 59 , Significant
4	Poor academic performance due to excess a television viewing among school age children	1.55	0.79	3.15	1.16	1.6	t=8.33 P=0.001 *** DF= 59 , Significant
5	Parent's role to prevent impact of excess television viewing on health of children	3.52	1.72	7.80	1.95	4.28	t=12.70 P=0.001 *** DF= 59 , Significant
	Total	11.63	3.09	24.25	3.00	12.62	t=23.18 P=0.001 *** DF= 59, Significant

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table 4.9 shows the comparison of Domain wise pretest and posttest knowledge score among mothers of school age children.

Knowledge regarding

- ❖ **General concept about Television**, in pretest, mothers were having 2.23 score whereas in posttest they were having 4.07 score. Difference is 1.84. This difference is large and it is statistically significant difference.
- ❖ **Physical problem due to excess television viewing among school age children** in pretest, mothers were having 1.98 score whereas in posttest they were having 4.23 score. Difference is 2.25. This difference is large and it is statistically significant difference.
- ❖ **Psycho social problems due excess television viewing among school age children** in pretest, mothers were having 2.35 score whereas in posttest they were having 5.00 score. Difference is 2.65. This difference is large and it is statistically significant difference.
- ❖ **Poor academic performance due to excess television viewing among school age children** in pretest, mothers were having 1.55 score whereas in posttest they were having 3.15 score. Difference is 1.60. This difference is large and it is statistically significant difference.
- ❖ **Parent's role to prevent impact of excess television viewing on health of children**, in pretest, mothers were having 3.52 score whereas in posttest they were having 7.80 score. Difference is 4.28. This difference is large and it is statistically significant difference.

Significance of difference between pretest and posttest score was calculated using student paired t-test.

Table-4.10: Comparison of Overall Knowledge Score before and after Structured Teaching Programme

	No. of mothers	Pretest Mean±SD	Posttest Mean±SD	Mean difference Mean±SD	Student's paired t-test
Overall Knowledge Score	60	11.63 ± 3.09	24.25 ± 3.00	12.62 ± 4.21	t=23.18 P=0.001*** DF = 59, significant

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table 4.10 shows the comparison of overall knowledge before and after the administration of Structured Teaching Programme.

- ❖ Mothers knowledge have improved from 11.63 to 24.25 after the administration of structured teaching programme.
- ❖ In pretest they were able to answer only 12 questions before administration of Structured Teaching Programme, after administration of Structured Teaching Programme they were able to answer up to 24 questions.
- ❖ Due to Structured Teaching Programme they were able to answer 12 more questions correctly.

This difference is statistically significant. Statistical significance was calculated by using student's paired 't' test.

Table-4.11: Comparison of Pretest and Posttest Level of Knowledge Score

Level of knowledge	Pretest		Posttest		Generalized McNemar's test
	N	%	n	%	
Inadequate knowledge	53	88.3%	0	0.0%	$\chi^2=54.91$ P=0.001*** (S)
Moderate knowledge	7	11.7%	12	20.0%	
Adequate knowledge	0	0.0%	48	80.0%	
Total	60	100%	60	100%	

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table 4.11 shows the pretest and post-test level of knowledge among mothers

- ❖ Before Structured Teaching Programme, 88.3% of the mothers were having inadequate level of knowledge score, 11.7% of them having moderate level of knowledge score and none of them were having adequate level of knowledge score.
- ❖ After STP, none of the mothers were having inadequate level of knowledge score, 20.0% of them were having moderate level of knowledge score and 80.0% of them were having adequate level of knowledge score.
- ❖ Level of knowledge gain between pretest and posttest was calculated using Generalized McNemar's chi-square test.

**SECTION -D: ASSESSMENT OF EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAMME
ON IMPACT OF EXCESS TELEVISION
VIEWING AMONG MOTHERS OF SCHOOL
AGE CHILDREN**

Table-4.12: Each Domainwise Pretest and Posttest Percentage of Knowledge

Domains	Posttest knowledge	Pretest knowledge	% of knowledge gain
General concept about Television	81.40%	44.60%	36.80%
Physical problem due to excess television viewing among school age children.	84.60%	39.60%	45.00%
Psycho social problems due to excess television viewing among school age children	83.33%	39.17%	44.16%
Poor academic performance due to excess a television viewing among school age children	78.75%	38.75%	40.00%
Parent's role to prevent impact of excess television viewing on health of children	78.00%	35.20%	42.80%
Total	80.83%	38.77%	42.06%

Table 4.12 shows each domain wise knowledge gain score after effectiveness of structured teaching programme regarding knowledge on impact of excess television viewing among mothers of school age children

Domain wise knowledge gained by mothers

- **General concept about Television** Mothers were gained 36.80% of knowledge.
- **Physical problems due to excess television viewing among school age children** :mothers were gained 45.00%.

- **Psycho social problems due excess television viewing among school age**, mothers were gained 44.1%.
- **Poor academic performance due to excess television viewing among school age children**, mothers were gained 40.0%
- **Parent's role to prevent impact of excess television viewing on health of children**, mothers are gained 42.80%

Table-4.13: Effectiveness and Generalization of Knowledge Gain Score after Structured Teaching Programme

	Max score	Mean score	Mean Difference of knowledge gain score with 95% Confidence interval	Percentage Difference of knowledge gain score with 95% Confidence interval
Pretest	30	11.63	12.62 (11.52 – 13.70)	42.06% (38.40% –45.67%)
Posttest	30	24.25		

Table 4.13 shows the effectiveness of Structured teaching programme among mothers of school age children

- In posttest after Structured Teaching Programme, mothers were gained 42.06% more knowledge score than pretest score.
- Differences and generalization of knowledge gain score between pretest and posttest score was calculated using and mean difference with 95% CI and proportion with 95% CI.

SECTION- E: ASSOCIATION OF POSTTEST LEVEL OF KNOWLEDGE WITH DEMOGRAPHIC VARIABLES.

Table-4.14: Association between Posttest Level of Knowledge and their Demographic Variables

Demographic variables		Post-test Level of knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age of mother	20-25 years	0	0.00%	11	32.35%	23	67.65%	34	$\chi^2=7.69$ P=0.02*(S)
	26-30 years	0	0.00%	1	7.14%	13	92.86%	14	
	31-40 years	0	0.00%	0	0.00%	12	100.00%	12	
	>40 years	0	0.00%	0	0.00%	0	0.00%	0	
Occupation of mother	Non-Working mother	0	0.00%	11	28.94%	27	71.06%	38	$\chi^2=5.18$ P=0.02*(S)
	Working mother	0	0.00%	1	4.54%	21	93.46%	22	
Time spent by mother in watching television per day	1-2 hour	0	0.00%	1	11.11%	8	88.89%	9	$\chi^2=2.12$ P=0.54(NS)
	3-4 hour	0	0.00%	3	30.00%	7	70.00%	10	
	5-6 hour	0	0.00%	8	19.51%	33	80.49%	41	
	> 6 hour	0	0.00%	0	0.00%	0	0.00%	0	

Demographic variables		Post-test Level of knowledge score						Total	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Time spent by mother in interacting with the child per day	< Half an hour	0	0.00%	8	34.78%	15	65.22%	23	$\chi^2=5.89$ P=0.05*(S)
	Half an hour to one hour	0	0.00%	3	16.67%	15	83.33%	18	
	More than one hour	0	0.00%	1	5.26%	18	94.74%	19	
Age of child	6-7 yrs	0	0.00%	7	28.00%	18	72.00%	25	$\chi^2=11.75$ P=0.01**(S)
	8-9 yrs	0	0.00%	3	10.71%	25	89.29%	28	
	10-11 yrs	0	0.00%	0	0.00%	5	100.00%	5	
	>11 yrs	0	0.00%	2	100.00%	0	0.00%	2	
Sex	Male	0	0.00%	7	22.58%	24	77.42%	31	$\chi^2=0.26$ P=0.60(NS)
	Female	0	0.00%	5	17.24%	24	82.76%	29	

Table 4.14 shows the association between posttest level of knowledge and their demographic variables.

Elder mothers, working mothers, mothers who were spending more time with their children and mothers who were having elder children, having more knowledge than others. Statistical significance was calculated using Pearson's chi-square test.

Table-4.15: Association between Post Test Knowledge Gain Score and Demographic Variables

Demographic variables		N	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score=Post-Pre		
			Mean	SD	Mean	SD	Mean	SD	
Age of mother	20-25 years	34	12.41	3.08	23.85	2.78	11.44	4.79	F=3.38 P=0.04* (S)
	26-30 years	14	11.00	2.96	23.79	3.93	12.79	3.07	
	31-40 years	12	10.17	2.79	25.16	2.43	14.99	2.68	
Occupation of mother	Non-Working mother	38	11.45	3.24	22.89	3.34	11.44	4.63	t=2.12 P=0.03 *(S)
	Working mother	22	11.95	2.87	25.74	2.06	13.79	3.11	
Time spent by mother in watching television per day	1-2 hour	9	11.11	2.52	23.67	2.29	12.56	2.60	F=1.78 P=0.18 (NS)
	3-4 hour	10	12.30	3.97	22.70	3.13	10.40	4.12	
	5-6 hour	41	11.59	3.02	24.76	3.01	13.17	4.42	
Time spent by mother in interacting with the child per day	< Half an hour	23	11.78	3.10	22.54	3.31	10.76	4.69	F=3.18 P=0.05* (S)
	Half an hour to one hour	18	10.89	3.07	24.06	3.10	13.17	4.67	
	More than one hour	19	12.16	3.13	26.05	2.46	13.89	3.16	

Demographic variables		N	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score=Post-Pre		
			Mean	SD	Mean	SD	Mean	SD	
Age of child	6-7 yrs	25	12.72	3.54	23.20	2.68	10.48	4.49	F=6.65 P=0.01** (S)
	8-9 yrs	28	10.00	2.68	24.00	2.85	14.00	3.19	
	10-11 yrs	5	10.60	1.52	25.49	2.35	14.89	3.13	
	>11 yrs	2	9.50	2.12	24.70	.00	15.20	2.12	
Sex	Male	31	12.19	2.94	24.00	3.10	11.81	4.09	t=0.28 P=0.83 (NS)
	Female	29	11.03	3.19	24.52	2.92	13.48	4.26	

Table 4.15 shows the association between posttest knowledge gain score and their demographic variables.

Elder mothers, working mothers, mothers who were spending more time with their children and mothers who were having elder children, having more knowledge than others.

Statistical significance was calculated using Pearson chi square test.

CHAPTER –V

DISCUSSION

This chapter deals with the objectives of the study and includes the supporting and contradictory studies to the study.

Objective-1: To Assess the Pre Test Knowledge of Mothers regarding Impact of Excess Television Viewing among School Age Children

Each domain wise pre-test percentage of knowledge regarding impact of excess television viewing among mothers of school age children

- ❖ Mothers were having maximum knowledge in **General concept of Television** (44.60%)
- ❖ Minimum knowledge score in **Parent's role** to prevent impact of television excess television viewing on health of children (35.20%).
- ❖ Overall they were having 38.77% of score

Level of knowledge score regarding impact of excess television viewing among mothers of school age children before administration of structured teaching programme

- ❖ 88.3% of mothers were having **inadequate** knowledge
- ❖ 11.7% of them were having **moderate** knowledge
- ❖ None of them were having **adequate** knowledge

Objective-2: To assess the post test knowledge of mothers regarding impact of excess television viewing among school age children

Each domain wise post-test percentage of knowledge regarding impact of excess television viewing among school age children:

- ❖ Mothers were having maximum knowledge in Physical problems due to excess television viewing among school age children.(84.60%).
- ❖ Minimum knowledge score in Parent's role to prevent impact of television excess television viewing on health of children (78.00%).
- ❖ Overall they were having 80.83% of score

Level of knowledge score regarding impact of excess television viewing among mothers of school age children after administration of Structured teaching Programme

- ❖ None of the mothers were having inadequate knowledge score,
- ❖ 20.0% of them were having moderate knowledge
- ❖ 80.0 % mothers were having adequate knowledge.

Domain wise knowledge gained by Mothers

- ❖ **General concept about Television** Mothers were gained 36.80% of knowledge
- ❖ **Physical problem due to excess television viewing among school age children** :mothers were gained 45.00%
- ❖ **Psycho social problems due excess television viewing among school age:** mothers were gained 44.1%

- ❖ **Poor academic performance due to excess television viewing among school age children** : mothers were gained 40.0%
- ❖ **Parent's role to prevent impact of excess television viewing on health of children**, mothers were gained 42.80%
- ❖ In posttest mothers were gained 42.06% more knowledge score than pretest score. Differences and generalization of knowledge gain score between pretest and posttest score was calculated using and mean difference with 95% Confidence interval proportion with 95% confidence interval. This 42.06% knowledge gain score shows the effectiveness of Structured teaching programme.

Objective-3: To evaluate the effectiveness of structured teaching programme regarding impact of excess television viewing among mothers of school age children

Knowledge regarding

- ❖ **General concept about Television**, in pretest, mothers were having 2.23 score whereas in posttest they were having 4.07 score. Difference is 1.84. This difference is large and it is statistically significant difference.
- ❖ **Physical problem of children viewing television**, in pretest, mothers were having 1.98 score whereas in posttest they were having 4.23 score. Difference is 2.25. This difference is large and it is statistically significant difference.
- ❖ **Psycho social problems among television viewing children**, in pretest, mothers were having 2.35 score whereas in posttest they were having 5.00 score. Difference is 2.65. This difference is large and it is statistically significant difference.
- ❖ **Poor academic performance among television watching children**, in pretest, mothers were having 1.55 score whereas in

posttest they were having 3.15 score. Difference is 1.60. This difference is large and it is statistically significant difference.

- ❖ **Parent's role to prevent impact of television on health of children**, in pretest, mothers were having 3.52 score whereas in posttest they were having 7.80 score. Difference is 4.28. This difference is large and it is statistically significant difference.

Overall knowledge score

In pretest, mothers were having 11.63 score where as in posttest they were having 24.25.

- ❖ In pretest they were able to answer only 12 questions before administration of Structured teaching programme, after administration of Structured teaching programme they were able to answer up to 24 questions.
- ❖ Due to Structured Teaching Programme they were able to answer 12 more questions correctly.
- ❖ The difference between pretest and posttest score is large and it is statistically significant. Differences between pretest and post test score was analyzed using students paired t-test.

H1: There is significant difference between the mean pretest and posttest knowledge regarding impact of excess television viewing among mothers of school age children

The difference between the pretest and posttest score is large and is statistically significant.

So H1 was accepted.

The findings were supported by the following study:

IOSR Journal of Nursing and Health Science (2015) A correlation study to assess parental knowledge regarding the impact of television on children in a selected area at Aurangabad. The study aimed at assessing knowledge regarding impact of television on children, find out association between knowledge with selected demographic variables. Knowledge of parents regarding impact of television on children was assessed by structured knowledge questionnaire, Results: The study results shows that 50% of parents having average knowledge, 20% having poor knowledge on impact of television on children. There was a significant association between knowledge scores with education ($X^2=28.39$, $df=2$) and occupation ($X^2=15.86$, $df=2$) of parents, and also with attitude scores with education ($X^2=7.68$, $df=2$) of parents. ⁴⁴

Objective 4: To find out the association between posttest knowledge of mothers with their selected demographic variables.

H2: There will be significant association between posttest knowledge of mother with their selected demographic variables.

- ❖ The association between knowledge gain score with their demographic variables such as Elder mothers, working mothers, mothers who were spending more time with their children and mothers who were having elder children, having more knowledge than others
- ❖ There was a significant association between the posttest level of knowledge and selected socio demographic a variable such as age, occupation, time spent by mother in interacting with the child per day and previous knowledge. Hence the research hypothesis (H2) was partially accepted.

So H2 was accepted

The findings were supported by the following study:

Barradas., et.al., (2007) To assess associations among youth television viewing and parental TV viewing, parental knowledge, and parental limits on the frequency of children's TV viewing. TV viewing time of children of the adult participants (520 boys and 525 girls) age 10 to 18 years was also collected. Associations between hours of child TV viewing and parental TV viewing, parental knowledge, and parental rules were quantified using linear regression techniques. Parent TV viewing was significantly associated with TV viewing in 10- to 12-year-old and 16- to 18-year-old boys and girls. Knowledge was not associated with TV viewing in boys and girls in this sample. Rules were associated with TV viewing in boys and girls of all ages. This study was found that, parental TV viewing and rules limiting their child's TV time may play an important role in children's weekly TV viewing time.⁶⁴

CHAPTER-VI

SUMMARY, IMPLICATION, LIMITATION, RECOMMENDATION AND CONCLUSION

This chapter deals with the Summary, Implication, Limitation, Recommendation and Conclusion of the study.

6.1 SUMMARY OF THE STUDY

Investigator undertook the study to assess the effectiveness of structured teaching program on knowledge regarding the impact of excess television viewing among mothers of school going children ai Medavakkam rural area, Chennai.

The conceptual framework of the study was based on the Modified Imogene King Goal Attainment Theory (2011). A pre experimental one group pre test post test design was used. The independent variable was structured teaching program and the dependent variable was knowledge of mothers regarding impact of excess television viewing among school age children.

The study period was 4 weeks from 2.1.18 to 28.1.18. Totally 60 mothers were selected as samples using convenient sampling technique. The data was collected by using semi structured questionnaire. Knowlegde was given through Structured teaching program with the help of flip chart and pamphlet . The reliability of the tool was done by test retest method, the data analysis and interpretation were done by using descriptive and inferential statistics

6.2 MAJOR FINDINGS OF THE STUDY

6.2.1 Based on demographic data findings

The study finding reveals demographic characteristics

- ❖ **Age** of the mother 56.67% were 20-25 years.

- ❖ **Occupation** of mothers 68.33% of mothers were house wife.
- ❖ **Time spent by the mother in watching television per day**, 68.33% mothers were spent 5-6 hours.
- ❖ **Time spent by mother in interacting with the child per day while watching television** 38.33% of mothers were spent below half an hour.
- ❖ **Age of children** 41.7% children between 6-7 years
- ❖ **Sex of the child**, 51.7% male children.

6.2.2 Based on knowledge score of mothers before and after structured teaching programme

In Pretest

- ❖ Mothers were having maximum knowledge in **General concept about Television** (44.60%)
- ❖ Minimum knowledge score in **Parent's role** to prevent impact of excess television viewing on health of children (35.20%).
- ❖ Overall they were having 38.77% of score

Level of knowledge score regarding impact of excess television viewing among mothers of school age children before administration of structured teaching programme:

- ❖ 88.3% of mothers were having **inadequate** knowledge
- ❖ 11.7% of them having **moderate** knowledge
- ❖ None of them were having **adequate** knowledge

In Post Test

- ❖ Mothers were having maximum knowledge in Physical problems due to excess television viewing among school age children.
- ❖ Minimum knowledge score in Parent's role to prevent impact of television excess television viewing on health of children 78.00%
- ❖ Overall they were having 80.83% of score

Level of knowledge score regarding impact of excess television viewing among mothers of school age children after administration of Structured teaching Programme

- ❖ None of the mothers were having inadequate knowledge score.
- ❖ 20.0% of them having moderate knowledge score
- ❖ 80.0 % mothers were having adequate knowledge score.

6.2.3 Based on comparison of pre test and post test mean knowledge score

Knowledge regarding

- ❖ **General concept of Television**, in pretest, mothers were having 2.23 score whereas in posttest they were having 4.07 score. Difference is 1.84. This difference is large and it is statistically significant difference.
- ❖ **Physical problem of children viewing television**, in pretest, mothers were having 1.98 score whereas in posttest they were having 4.23 score. Difference is 2.25. This difference is large and it is statistically significant difference.
- ❖ **Psycho social problems among television viewing children**, in pretest, mothers were having 2.35 score whereas in posttest they

were having 5.00 score. Difference is 2.65. This difference is large and it is statistically significant difference.

- ❖ **Poor academic performance among television watching children**, in pretest, mothers were having 1.55 score whereas in posttest they were having 3.15 score. Difference is 1.60. This difference is large and it is statistically significant difference.
- ❖ **Parent's role to prevent impact of television on health of children**, in pretest, mothers were having 3.52 score whereas in posttest they were having 7.80 score. Difference is 4.28. This difference is large and it is statistically significant difference.

Significance of difference between pretest and posttest score was calculated using student paired t-test.

6.2.4 Findings based on effectiveness of structured teaching programme

- ❖ In posttest after having structured teaching programme, mothers were gained 42.06% more knowledge score than pretest score.
- ❖ Differences and generalization of knowledge gain score between pretest and posttest score was calculated using and mean difference with 95% Confidence Interval proportion with 95% confidence interval.

6.2.5 Findings based on association between post test knowledge

- ❖ The P value is $P \leq 0.001$ which indicates very high significant association between post-test level of knowledge score with mothers demographic variables .Elder mothers, working mothers, mothers who were more time spending with their children and mothers who were having elder children having more knowledge than others.

- ❖ Statistical significance was calculated using Pearson chi square test.

6.3 IMPLICATION OF THE STUDY

Based on the findings the researcher recommended the implications on nursing practice, nursing administration, nursing education and nursing research.

6.3.1 Nursing Practice

- ❖ The health professionals including nurses and health care practitioners are able to make significant contributions to promote knowledge among mothers regarding impact of excess television viewing
- ❖ The health team members reveal that the importance of formulating and implementing various teaching program regarding impact of excess television viewing.
- ❖ Health education is the vital role of the nurses. The parents need information regarding impact of excess television viewing among children. It is mandatory that nurses supply the information to the mother.
- ❖ Health teaching is an independent nursing intervention. nurses can play a major role in educating mothers about impact of excess television viewing.
- ❖ The finding of the study stressed that there is a need of education by nursing staff student nurses in planning and conducting educational programme periodically in community settings.
- ❖ Nurses can utilize the findings of this study in the practice.

- ❖ The health professionals including nurses and health care practitioners are able to make significant contributions to promote knowledge, attitude and practice among school children regarding impact of excess television viewing.
- ❖ The health team members reveal that the importance of formulating and implementing various teaching program regarding impact of excess television viewing.
- ❖ The school health nurses have a major role in assessing and providing necessary action among school children to maintain their physical health and excel in academic performance by minimizing the impact of media.
- ❖ Community health nurses also can educate the school children in the community regarding impact of effects of television watching

6.3.2 Nursing Education

- ❖ Nurse educator needs to prepare the nursing students to obtain the skills in identifying and educating the mothers regarding impact of television excess television viewing.
- ❖ The student nurse must be prepared to use the technology in providing effective health education regarding impact of excess television viewing.
- ❖ Structured teaching programme can be prepared by the educator for prevention of excess television viewing among children.
- ❖ Student nurse should be motivated in participating and organizing teaching programme on the various aspects whenever posted in community settings.

- ❖ Nurses at the post graduate level need to develop their skill, in preparing health teaching materials.
- ❖ Nurse educator should motivate the mothers to participate in any teaching programme regarding impact of television.
- ❖ Nurse educator should take initiative to publish books and articles in journal regarding impact of excess television viewing.
- ❖ Student should be encouraged to do many projects on impact of excess television viewing.

6.3.3 Nursing Administration

- ❖ The nurse administrator can participate in formulating the policies and protocols related to structured teaching programme on impact of excess television viewing.
- ❖ Nurse administrator can disseminate the research knowledge in to the pediatric settings. So that the mothers will be benefited.
- ❖ An effective role is found in every nursing administrator in organizing these programs.
- ❖ Plan for staff development programme for nurses on impact of excess television viewing among children.
- ❖ Nursing administrator can facilitate the community health program to be focused on the identification and management of impact of excess television viewing among school children.
- ❖ Mass health education can be planned to impart appropriate knowledge to mothers regarding impact of excess television viewing.

- ❖ Nurse administrator should also plan to conduct the educational programmes related to impact of excess television viewing.

6.3.4 Nursing Research

- ❖ Similar study can be concluded on a large sample so it could be generalized.
- ❖ Study can be conducted to assess the knowledge among mothers of school children regarding impact of television excess television viewing.
- ❖ The study findings help to expand professional knowledge upon which further research can be conducted.
- ❖ Disseminate the findings of research through conferences, seminars, forums and publishing in nursing journals and web based publication to promote effective utilization of research findings.

6.4 LIMITATION

- ❖ The researcher could not generalize the study findings as the small sample size and also conducted the study in a single setting.
- ❖ The researcher does not conduct this study in large group and also for longer duration

6.5 RECOMMENDATION

- ❖ The same study can be conducted on a larger population.
- ❖ A similar study can be conducted in clinical settings.
- ❖ The study can be performed as comparative study in different settings.

- ❖ A similar study can be conducted for different age group of children.
- ❖ The similar study can be conducted with other methods like role play, demonstration instead of power point presentation.
- ❖ There should be major initiative to spread awareness among the general public by conducting periodic mass education.

6.6 CONCLUSION

Structured teaching programme was conducted to enhance the knowledge of mothers which is essential for performing their activities by making awareness regarding impact of excess television among children. The post-test knowledge score of the mothers revealed that 80.0% of mothers had adequate knowledge and 20.0% of mothers had moderately adequate knowledge and no one had inadequate knowledge. The results revealed that structured teaching programme was very informative and it would help them to reduce excess television viewing among their children. Hence, the structured teaching programme was instructionally effective, appropriate and feasible.

REFERENCES

- 1) American Academy of Pediatrics Task Force on Children, and Television. Children, adolescents and television. News and Comment., (1984) December
- 2) Strasburger VC. Adolescents and the media: medical and psychological impact. Sage Publications, Inc; 1995
- 3) Huston, A. C., Donnerstein, E., Fairchild, H. H., Feshbach, N. D., Katz, P. A., Murray, J. P., Zuckerman, D. Child, youth, and family services. Big world, small screen: The role of television in American society. Lincoln, NE, US: University of Nebraska Press (1992).
- 4) Brown JD, Greenberg BS, Buerkel-Rothfuss NL. Mass Media, Sex, and Sexuality. Adolescent medicine (Philadelphia, Pa.). 1993 Oct;4(3):511-26.
- 5) Morgan M. Television and school performance. Adolescent medicine (Philadelphia, Pa.). 1993 Oct;4(3):607-22.
- 6) A Different World Children's Perceptions of Race and Class in the Media. Oakland,CA: Children Now; .(1998)
- 7) Harrison K, Cantor J. The relationship between media consumption and eating disorders. Journal of communication. 1997 Mar;47(1):40-67.
- 8) TV IO. A STUDY ON SOCIAL & ENVIRONMENTAL IMPACT OF TV AND RADIO PROGRAMMES
- 9) McDonough P. TV viewing among kids at an eight-year high. Nielsenwire. October 26, 2009.. Accessed 11 November 2009.

- 10) Rideout VJ, Foehr UG, Roberts DF. Generation M²: media in the lives of 8-18 year-olds. Kaiser Family Foundation. January 2010. Available at: <http://www.kff.org/entmedia/upload/8010.pdf>. Accessed 30 June 2010.
- 11) American Academy of Pediatrics, Committee on Public Education. Media education. Pediatrics. 1999 Aug;104(2 Pt 1):341-3.
- 12) American Academy of Pediatrics, Committee on Public Education. Media violence. Pediatrics. 2001 Nov;108(5):1222-6.
- 13) Huesmann LR, Moise-Titus J, Podolski CL, Eron LD. Longitudinal relations between children's exposure to TV violence and their aggressive and violent behavior in young adulthood: 1977-1992. Dev Psychol. 152003 Mar;39(2):201-21.
- 14) Canto J. Mommy, I'm Scared: How TV and Movies Frighten Children and What We Can Do to Protect Them. San Diego: Harcourt Brace;1998.
- 15) van der Molen JH, Bushman BJ. Children's direct fright and worry reactions to violence in fiction and news television programs. J Pediatr. 2008 Sep;153(3):420-4. Epub 2008 Apr 28.
- 16) Zimmerman FJ, Glew GM, Christakis DA, Katon W. Early cognitive stimulation, emotional support, and television watching as predictors of subsequent bullying among grade-school children. Arch Pediatr Adolesc Med. 2005 Apr;159(4):384-8.
- 17) .Johnson JG, Cohen P, Kasen S, First MB, Brook JS. Association between television viewing and sleep problems during adolescence and early adulthood. Arch Pediatr Adolesc Med. 2004 Jun;158(6):562-8.

- 18) Hancox RJ, Milne BJ, Poulton R. Association between child and adolescent television viewing and adult health: a longitudinal birth cohort study. *Lancet* 2004; 364:257-262.
- 19) Christakis, D. A., Zimmerman, F. J., DiGiuseppe, D. L., & McCarty, C. A. (2004). Early television exposure and subsequent attentional problems in children. *Pediatrics*, 113(4), 708-713.
- 20) .Wiecha JL, Peterson KE, Ludwig DS, Kim J, Sobol A, Gortmaker SL. When children eat what they watch: impact of television viewing on dietary intake in youth. *Archives of pediatrics & adolescent medicine*. 2006 Apr 1;160(4):436-42.
- 21) Robinson TN. Reducing children's television viewing to prevent obesity: a randomized controlled trial. *Jama*. 1999 Oct 27;282(16):1561-7.
- 22) Shanthi MM, Kanniammal C, Mahindra J. HABIT OF TELEVISION VIEWING AND ITS IMPACT ON WEIGHT STATUS AND BEHAVIOUR AMONG SCHOOL CHILDREN. *International Education and Research Journal*. 2017 Aug 14;3(8).
- 23) Domingues - Montanari S. Clinical and psychological effects of excessive screen time on children. *Journal of paediatrics and child health*. 2017 Jan 1.
- 24) Raptou E, Papastefanou G, Mattas K. Investigating the influence of eating habits, body weight and television programme preferences on television viewing time and domestic computer usage. *Perspectives in public health*. 2017 Jan;137(1):59-72
- 25) Dutra GF, Kaufmann CC, Pretto AD, Albernaz EP. Television viewing habits and their influence on physical activity and

childhood overweight. *Jornal de Pediatria (Versão em Português)*. 2015 Jul 1;91(4):346-51.

- 26) Hale L, Guan S. Screen Time and Sleep among School-Aged Children and Adolescents: A Systematic Literature Review. *Sleep medicine reviews*. 2015 Jun;21:50.
- 27) Arango CM, Páez DC, Lema L, Sarmiento OL, Parra DC. Television viewing and its association with health-related quality of life in school-age children from Montería, Colombia. *Journal of Exercise Science & Fitness*. 2014 Dec 1;12(2):68-72.
- 28) Marinelli M, Sunyer J, Alvarez-Pedrerol M, Iñiguez C, Torrent M, Vioque J, Turner MC, Julvez J. Hours of television viewing and sleep duration in children: a multicenter birth cohort study. *JAMA pediatrics*. 2014 May 1;168(5):458-64.
- 29) Boulos, R., Vikre, E. K., Oppenheimer, S., Chang, H., & Kanarek, R. B. ObesiTV: How television is influencing the obesity epidemic. (2012). *Physiology and Behavior*. <https://doi.org/10.1016/j.physbeh.2012.05.022>
- 30) Sisson, S. B., Shay, C. M., Broyles, S. T., & Leyva, M. (2012). Television-viewing time and dietary quality among U.S. children and adults. *American Journal of Preventive Medicine*. <https://doi.org/10.1016/j.amepre.2012.04.016>
- 31) Tudor-Locke C, Craig CL, Cameron C, Griffiths JM. Canadian children's and youth's pedometer-determined steps/day, parent-reported TV watching time, and overweight/obesity: the CANPLAY Surveillance Study. *International Journal of Behavioral Nutrition and Physical Activity*. 2011 Dec;8(1):66

- 32) S Seema, V BM, K AK, K Minakshi, G Manish Effect Of Television Watching On Vision Of School Children In Rural Haryana.. The Internet Journal of Preventive Medicine. (2011). Volume 2 Number 1.
- 33) Chung A, Pignone M. Television viewing increases risk of type 2 diabetes, cardiovascular disease, and mortality. Clinical Diabetes. 2011 Oct 1;29(4):145-7.
- 34) Staiano AE, Harrington DM, Broyles ST, Gupta AK, Katzmarzyk PT. Television, adiposity, and cardiometabolic risk in children and adolescents. American journal of preventive medicine. 2013 Jan 1;44(1):40-7
- 35) Cain N, Gradisar M. Electronic media use and sleep in school-aged children and adolescents: A review. Sleep medicine. 2010 Sep 1;11(8):735-42.
- 36) Goris JM, Petersen S, Stamatakis E, Veerman JL. Television food advertising and the prevalence of childhood overweight and obesity: a multicountry comparison. Public health nutrition. 2010 Jul;13(7):1003-12.
- 37) Barr-Anderson DJ, Larson NI, Nelson MC, Neumark-Sztainer D, Story M. Does television viewing predict dietary intake five years later in high school students and young adults?. International Journal of Behavioral Nutrition and Physical Activity. 2009 Dec;6(1):7.
- 38) Miller SA, Taveras EM, RIFAS - SHIMAN SL, Gillman MW. Association between television viewing and poor diet quality in young children. Pediatric Obesity. 2008 Sep 1;3(3):168-76.

- 39) Xu F, Li J, Ware RS, Owen N. Associations of television viewing time with excess body weight among urban and rural high-school students in regional mainland China. *Public health nutrition*. 2008 Sep;11(9):891-6.
- 40) Kostyrka-Allchorne K, Cooper NR, Simpson A. The relationship between television exposure and children's cognition and behaviour: A systematic review. *Developmental Review*. 2017 Jun 1;44:19-58
- 41) Byeon H, Hong S. Relationship between television viewing and language delay in toddlers: evidence from a Korea national cross-sectional survey. *PLoS One*. 2015 Mar 18;10(3):e0120663.
- 42) Ahinda AA, Murundu ZO, Okwara MO, Odongo BC, Okutoyi J. Effects of television on academic performance and languages acquisition of pre-school children. *International Journal of Education and Research*. 2014 Nov;2(11).
- 43) Sharif I, Wills TA, Sargent JD. Effect of visual media use on school performance: a prospective study. *Journal of Adolescent Health*. 2010 Jan 1;46(1):52-61.
- 44) Landhuis CE, Poulton R, Welch D, Hancox RJ. Does childhood television viewing lead to attention problems in adolescence? Results from a prospective longitudinal study. *Pediatrics*. 2007 Sep 1;120(3):532-7.
- 45) sVerlinden, M., Tiemeier, H., Veenstra, R., Mieloo, C. L., Jansen, W., Jaddoe, V. W., ... & Jansen, P. W. (2014). Television viewing through ages 2-5 years and bullying involvement in early elementary school. *BMC public health*, 14(1), 157.

- 46) Robertson LA, McAnally HM, Hancox RJ. Childhood and adolescent television viewing and antisocial behavior in early adulthood. *Pediatrics*. 2013 Mar 1;131(3):439-46.
- 47) Tin, S. P. P., Ho, D. S. Y., Mak, K. H., Wan, K. L., & Lam, T. H. (2012). Association between television viewing and self-esteem in children. *Journal of Developmental & Behavioral Pediatrics*, 33(6), 479-485.
- 48) Verlinden M, Tiemeier H, Hudziak JJ, Jaddoe VW, Raat H, Guxens M, Hofman A, Verhulst FC, Jansen PW. Television viewing and externalizing problems in preschool children: the Generation R Study. *Archives of pediatrics & adolescent medicine*. 2012 Oct 1;166(10):919-25.
- 49) Stephan J, Schredl M, Henley-Einion J, Blagrove M. TV viewing and dreaming in children: The UK library study. *International Journal of Dream Research*. 2012 Oct;5(2):130-3.
- 50) Jolin EM, Weller RA. Television viewing and its impact on childhood behaviors. *Current psychiatry reports*. 2011 Apr 1;13(2):122-8.
- 51) Tomopoulos S, Dreyer BP, Berkule S, Fierman AH, Brockmeyer C, Mendelsohn AL. Infant media exposure and toddler development. *Archives of Pediatrics & Adolescent Medicine*. 2010 Dec 6;164(12):1105-11.
- 52) Schredl M, Anders A, Hellriegel S, Rehm A. TV viewing, computer game playing and nightmares in school children. *Dreaming*. 2008 Jun;18(2):69.
- 53) Jennifer warner(2007) too much TV linked to behavior problems WebMD Health News Reviewed by Louise Chang, MD on October 01,

- 54) Christakis DA, Zimmerman FJ, DiGiuseppe DL, McCarty CA. Early television exposure and subsequent attentional problems in children. *Pediatrics*. 2004 Apr 1;113(4):708-13.
- 55) Ruiz-Dodobara FG, Busse P. Parental Monitoring of Children's Television Viewing in a Sample of Peruvian Caregivers. *Communication Research Reports*. 2018 Mar 15;35(2):183-9.
- 56) Kubik MY, Gurvich OV, Fulkerson JA. Peer Reviewed: Association Between Parent Television-Viewing Practices and Setting Rules to Limit the Television-Viewing Time of Their 8-to 12-Year-Old Children, Minnesota, 2011–2015. *Preventing chronic disease*. 2017;14.
- 57) IOSR Journal of Nursing and Health Science (IOSR-JNHS) (2015)e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 4, Issue 4 Ver. V (Jul. - Aug.), PP 27-32.
- 58) Lauricella AR, Wartella E, Rideout VJ. Young children's screen time: The complex role of parent and child factors. *Journal of Applied Developmental Psychology*. 2015 Jan 1;36:11-7.
- 59) Fernández-Alvira JM, Te Velde SJ, Singh A, Jiménez-Pavón D, De Bourdeaudhuij I, Bere E, Manios Y, Kovacs E, Jan N, Moreno LA, Brug J. Parental modeling, education and children's sports and TV time: The ENERGY-project. *Preventive medicine*. 2015 Jan 1;70:96-101.
- 60) Gingold, J. A., Simon, A. E., & Schoendorf, K. C. (2014). Excess screen time in US children: association with family rules and alternative activities. *Clinical Pediatrics*, 53(1), 41-50.
- 61) Salmon J, Timperio A, Telford A, Carver A, Crawford D. Association of family environment with children's television

viewing and with low level of physical activity. Obesity. 2005 Nov 1;13(11):1939-51.

- 62) Jordan AB, Hersey JC, McDivitt JA, Heitzler CD. Reducing Children's Television-Viewing Time: A Qualitative Study of Parents and Their Children. Pediatrics. 2006 Nov 1;118(5):e1303-10.
- 63) Paavonen, E. J., Roine, M., Pennonen, M., & Lahikainen, A. R. (2009). Do parental co-viewing and discussions mitigate TV-induced fears in young children?. Child: care, health and development, 35(6), 773-780.
- 64) Barradas DT, Fulton JE, Blanck HM, Huhman M. Parental influences on youth television viewing. The Journal of pediatrics. 2007 Oct 1;151(4):369-73.
- 65) Barkin S, Ip E, Richardson I, Klinepeter S, Finch S, Krcmar M. Parental media mediation styles for children aged 2 to 11 years. Archives of pediatrics & adolescent medicine. 2006 Apr 1;160(4):395-401.

APPENDIX III
DATA COLLECTION TOOL

SECTION A

Demographic Data

DEMOGRAPHIC VARIABLES OF MOTHER

1. Age of mother

- | | |
|---------------------|-----|
| a) 20-25 yrs | [] |
| b) 26-30 yrs | [] |
| c) 31-40 yrs | [] |
| d) More than 40 yrs | [] |

2. Occupation of mother

- | | |
|-----------------------|-----|
| a) Non Working mother | [] |
| b) Working mother | [] |

3. Time spent by mother in watching television per day

- | | |
|---------------------|-----|
| a) 1 – 2 hour | [] |
| b) 3-4 hour | [] |
| c) 5-6 hour | [] |
| d) More than 6 hour | [] |

4. Time spent by mother in interacting with the child per day

- | | |
|-----------------------------|-----|
| a) < half an hour | [] |
| b) Half an hour to one hour | [] |
| c) More than one hour | [] |

DEMOGRAPHIC VARIABLES OF CHILDREN

1. Age of child

- a) 6-7 yrs []
- b) 8-9yrs []
- c) 10-11 yrs []
- d) 12yrs []

2. Sex of the child

- a) Male []
- b) Female []

SECTION B

SEMI STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE REGARDING IMPACT OF EXCESS TELEVISION VIEWING AMONG MOTHERS SCHOOL AGE CHILDREN

Kindly tick the appropriate answer. Each correct answer carries one mark and each wrong answer carries zero mark.

Part -1

ASSESS THE KNOWLEDGE OF MOTHER REGARDING GENERAL CONCEPT ABOUT TELEVISION:

1. Who has greatest role in health of children?

- | | |
|------------|--------------------------|
| a) Parents | <input type="checkbox"/> |
| b) Teacher | <input type="checkbox"/> |
| c) Doctor | <input type="checkbox"/> |
| d) Nurses | <input type="checkbox"/> |

**2. At which age group, parents should strictly avoid the children to
watch television**

- | | |
|------------------|--------------------------|
| a) Below 2 yrs | <input type="checkbox"/> |
| b) Above 2 years | <input type="checkbox"/> |
| c) At 15 yrs | <input type="checkbox"/> |
| d) At 18yrs | <input type="checkbox"/> |

3. Children can be allowed to watch television

- | | |
|------------------------|--------------------------|
| a) 3-4hours/day | <input type="checkbox"/> |
| b) 1-2 hours/day | <input type="checkbox"/> |
| c) 5-6hours/day | <input type="checkbox"/> |
| d) As much as they can | <input type="checkbox"/> |

4. How many hours of television watching is dangerous to children per week

- a) 10 hours or more/week. []
- b) 8 hours/week []
- c) 6 hours /week. []
- d) 4 hours /week. []

5. Excess television viewing lead to

- a) Physical and emotional problem []
- b) Emotional and learning problem []
- c) Learning and physical problem []
- d) Physical , emotional and learning problem []

PART-2

ASSESS THE KNOWLEDGE OF MOTHER REGARDING PHYSICAL PROBLEMS DUE TO EXCESS TELEVISION VIEWING AMONG SCHOOL AGE CHILDREN

6 Children who is eating snacks while watching television will lead to

- a) Loss excess weight []
- b) Maintain normal weight []
- c) Gain excess weight []
- d) Loss excess height []

7. Children who is obese , will be the risk of the given concept all except

- a) Diabetes and heart disease []
- b) Decrease self –concept []
- c) Limited social interaction []
- d) Decreased body weight []

8. Intake of junk foods and carbonated drinks twice risk all except

- a) Hypothyroidism, heart disease []
- b) Cancer ,asthma, arthritis []
- c) Excessive sleep, improves immunity []
- d) Sleep disorder []

9. Continuous exposure to bright light emitted from television screen may

- a) Suppress sleep hormone []
- b) Suppress growth hormone []
- c) Increase sleep hormone []
- d) Increase growth hormone []

10. Exposure to television screen may predispose to all except

- a) Permanent hair loss []
- b) Permanent eye sight damage []
- c) Attention and concentration disorders []
- d) Lower metabolic rate []

PART -3

ASSESS THE KNOWLEDGE OF MOTHER REGARDING PSYCHO SOCIAL PROBLEMS DUE TO EXCESS TELEVISION VIEWING AMONG SCHOOL AGE CHILDREN

11. Fear of world, aggressive behavior are the results of watching

- a) Comic programme []
- b) Violent programme []
- c) Educational programme []
- d) Quiz program []

12. Which age group is more vulnerable to violence and could not able to discriminate between reality and fantasy

- a) 1-8 years []
- b) 9- 11years []
- c) 12-18 years []
- d) 19- 25 yrs []

13. Children who consume high level of media violence

- a) Helping other children []
- b) Compromising with other children []
- c) Loving other children []
- d) Hit the other children and break toys. []

14. TV character often depict risky behavior like all except

- a) Smoking []
- b) Playing []
- c) Positive role model []
- d) Drinking alcohol []

15. Behavior changes among children who is watching scary movies are all except

- a) Always being accompany with others []
- b) Imaging the false scene as true []
- c) Bed wetting []
- d) Running away from home []

16. Symptom of psychosocial problems of children watching violence movies are all except

- a) Child commands others on what they have to do []
- b) Child tells untrue or exaggerated stories on TV shows []
- c) Influences modern culture []
- d) Did not engage in antisocial activities []

PART - 4

ASSESS THE KNOWLEDGE OF MOTHERS REGARDING POOR ACADEMIC PERFORMANCE

DUE TO EXCESS TELEVISION VIEWING AMONG SCHOOL AGE CHILDREN.

17. Poor reading skills among excessive television watching children are due to except

- a) Poor concentration and attention []
- b) Fantasy []
- c) Reduced study time []
- d) Excessive sleep []

18. Signs of poor academic performance of television watching children are all except

- a) Participating in school activities []
- b) Lack of improvement in general knowledge []
- c) Less interest in creative programme []
- d) Less interest in school activities []

19. Excessive television viewing among young children

- a) Will affect physical growth []
- b) Will promote physical health []
- c) Will affect early brain development []
- d) Will promote early brain development []

20. Playing , reading and learning activity of children get affected by

- a) Spending much time before television []
- b) Spending much time in sports []
- c) Spending much time in school []
- d) All of the above []

PART -5

KNOWLEDGE OF MOTHER REGARDING PARENT'S ROLE TO PREVENT IMPACT OF TELEVISION ON HEALTH OF CHILDREN

21. Parent's response to the children request for specific food seeing commercial advertisements will be

- a) Purpose and allow the child to consume the food [☐]
- b) Discuss the ill effect of eating snacks and junk foods [☐]
- c) Omit the obligation of child [☐]
- d) Shouting and beating the children [☐]

22. Factor which is responsible to cause a negative impact of television on health

- a) Lack of parental regulation of television programme and excess TV watching [☐]
- b) Excessive television watching and parental regulation [☐]
- c) Moderate television watching and selection of programs by children . [☐]
- d) All the above [☐]

23. Parents should discourage the child to see

- a) Violent, scary and anti – social behavior films [☐]
- b) Informational [☐]
- c) Educational [☐]
- d) non- violent [☐]

24. One of the following parental behavior influences the child's habit of TV viewing is

- a) Amount of time spend by parents in watching TV [☐]
- b) Allowing the child to child spend much time in playing [☐]
- c) Amount of time spend by parents in reading newspaper [☐]
- d) All of the above [☐]

25. Parents and adult should act as a role model regarding TV watching of children by

- a) Less amount of time to spend in watching TV [☐]
- b) Much amount of time to spend in watching TV [☐]
- c) Allow the child to choose any programme [☐]
- d) Encourage the child to see television as much the like. [☐]

26 Adults and parents can help the children to make use of the TV content by

- a) Choosing appropriate programme for children [☐]
- b) Watching TV with their children [☐]
- c) Discuss what they see together [☐]
- d) All of the above [☐]

27. Children may watch so much TV because of all except

- a) Lack of interaction with their parents [☐]
- b) Much interaction with parents [☐]
- c) Lack of other activities offered in community [☐]
- d) More programme geared towards children [☐]

28. Parental role while the child imitate the stunt is

- a) Should encourage the action [☐]
- b) Should discourage the action [☐]
- c) Beating the child [☐]
- d) All of the above [☐]

29. Rules comes under children's education act is

- a) Telecasting violent programme for children at least 3 hours /week [☐]
- b) Telecasting educational and informational programme for children at least 3 hours/week [☐]
- c) Telecasting scary movies for children at least 3hours/week [☐]
- d) Telecasting adult movies for children at least 3 hours/week [☐]

30. Advertisement code for TV channels include

- a) Advertisement for tobacco product and liquor are not permitted [☐]
- b) Goods and services advertised should be in consonance with laws of country [☐]
- c) Commercials should never project a delegatory image of women and should not endanger safety of children [☐]
- d) All of the above. [☐]

ANSWER KEY

Question number	Answers
1	a
2	a
3	b
4	a
5	d
6	c
7	d
8	c
9	a
10	a
11	b
12	a
13	d
14	c
15	d
16	d
17	d
18	a
19	c
20	a
21	b
22	a
23	a
24	a
25	a
26	d
27	b
28	b
29	b
30	d

வினாப் படிவம்

பகுதி-அ சமூக தகவல்கள்

தாயைப் பற்றிய சுய விபரம்:

1. தாயின் வயது

- அ) 20-25 []
ஆ) 26-30 []
இ) 31-40 []
ஈ) 40 வயதிற்கு மேல் []

2. தாயின் தொழில்

- அ) பணிக்கு செல்லும் தாய்
ஆ) இல்லதரசி

3. தாய் தொலைக்காட்சி காண்பதில் ஒரு நாளைக்கு செலவிடும் நேரம்

- அ) 1-2 மணி நேரம் []
ஆ) 3-4 மணி நேரம் []
இ) 5-6 மணி நேரம் []
ஈ) 6 மணி நேரத்திற்கு மேல் []

4. தாய் குழந்தைகளுடன் ஒரு நாளைக்கு செலவிடும் நேரம்

- அ) அரை மணி நேரத்திற்குள் []
ஆ) அரை மணி நேரம் முதல் 1 மணி நேரம் வரை []
இ) ஒரு மணி நேரத்திற்கு மேல் []

குழந்தைகளைப் பற்றிய சுயவிவரம்:

5. குழந்தைகளின் வயது

- அ) 6-7 வயது வரை []
ஆ) 8-9 வயது வரை []
இ) 10-11 வயது வரை []
ஈ) 12 வயது []

6. இனம்

- அ) ஆண் []
ஆ) பெண் []

பகுதி-ஆ

(குறிப்பு)

தயவு கூர்ந்து சரியான விடையை தேர்ந்தெடுக்கவும்.

ஒவ்வொரு சரியான விடைக்கும் 1 மதிப்பெண்ணும், ஒவ்வொரு தவறான விடைக்கும் 0 மதிப்பெண்ணும் வழங்கப்படும்.

பகுதி - 1

குழந்தைகள் அதிக நேரம் தொலைக்காட்சி காண்பதின் பொது கருத்துகளை பற்றிய தாயின் அறிவுதிறனை அறிதல்.

1. குழந்தைகளின் ஆரோக்கியத்தில் முக்கியத்துவம் வகிப்பவர் யார்?

அ) பெற்றோர் []

ஆ) ஆசிரியர் []

இ) மருத்துவர் []

ஈ) செவிலியர் []

2. எந்த வயது குழந்தைகளை பெற்றோர் தொலைக்காட்சி பார்ப்பதிலிருந்து முற்றிலுமாக தவிர்க்க வேண்டும்?

அ) இரண்டு வயதிற்கு உட்பட்ட குழந்தைகள் []

ஆ) இரண்டு வயதிற்கு மேலே உள்ள குழந்தைகள் []

இ) பதினைந்து வயது குழந்தைகள் []

ஈ) பதினெட்டு வயது குழந்தைகள் []

3 குழந்தைகள் ஒரு நாளைக்கு எவ்வளவு நேரம் தொலைக்காட்சி பார்ப்பதை அனுமதிக்கலாம்?

அ) 3 முதல் 4 மணி நேரம் []

ஆ) 1 முதல் 2 மணி நேரம். []

இ) 5 முதல் 6 மணி நேரம். []

ஈ) அவர்களுக்கு போதுமான அளவு வரை. []

4 ஒரு வாரத்திற்கு எவ்வளவு நேரம் தொலைக்காட்சி பார்ப்பது ஆபத்தானது?

அ) பத்து மணி நேரம் (அ) அதற்கு மேலே []

ஆ) 8 மணி நேரம் []

இ) 6 மணி நேரம் []

ஈ) 4 மணி நேரம் []

5. அதிக நேரம் தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு ஏற்படும் பிரச்சனைகள்?

அ) உடல்ரீதியான மற்றும் மனரீதியான பிரச்சனைகள் []

ஆ) மனரீதியான மற்றும் கற்கும் முறை பிரச்சனைகள் []

இ) உடல்ரீதியான மற்றும் கற்கும் முறை பிரச்சனைகள் []

ஈ) உடல்ரீதியான, மனரீதியான மற்றும் கற்கும் முறை பிரச்சனைகள் []

பகுதி 2

தொலைக்காட்சி பார்ப்பதில் அதிக நேரம் செலவிடும் குழந்தைகளுக்கு ஏற்படும் உடல்ரீதியான பிரச்சனைகளை பற்றிய தாயின் அறிவுதிறனை அறிதல்.

6. தொலைக்காட்சி பார்க்கும்போது நொறுக்கு தீன் உண்பதால் ஏற்படும் விளைவுகள்

அ) உயரம் கூடுதல் []

ஆ) எடை கூடுதல் []

இ) எடை குறைதல் []

ஈ) சரியான எடையை பெற்றிருத்தல் []

7. கீழ்க்கண்டவற்றில் , உடல் பருமனால் உண்டாகாத விளைவுகள் யாவை?

- அ) நீரிழிவு மற்றும் இதய நோய் []
- ஆ) குறைந்த சுய மனதோற்றம் []
- இ) குறுகிய சமுதாய பரஸ்பரம் []
- ஈ) உடல் எடையை குறைக்கும் []

8. கீழ்க்கண்டவற்றில் வாரத்திற்கு இருமுறை, சத்தில்லாத உணவுப்பண்டங்கள் மற்றும் குளிர்பானங்கள் குடிப்பதால் ஏற்படாத விளைவுகள்

- அ) கேன்சர், ஆஸ்துமா, மூட்டுவலி நோய் []
- ஆ) அதிகமான உறக்கம், நோய் எதிர்ப்பு சக்தியை அதிகரித்தல் []
- இ) குறைந்த தைராய்டு சுரக்கும் நோய், இதய நோய். []
- ஈ) உறக்கம் சம்மந்தமான நோய் []

9. தொலைக்காட்சி பார்க்கும்போது வெளிப்படும் ஒளிக்கதிர் வீச்சால் ஏற்படும் விளைவு என்ன?

- அ) உடல் வளர்ச்சிக்கான ஹார்மோன்களை குறைக்கும் []
- ஆ) உறக்கத்திற்க்கான ஹார்மோன்களை குறைக்கும் []
- இ) உடல் வளர்ச்சிக்கான ஹார்மோன்களை உயர்த்தும் []
- ஈ) உறக்கத்திற்க்கான ஹார்மோன்களை உயர்த்தும். []

10 கீழ்க்கண்டவற்றில் எந்த விளைவு தொலைக்காட்சி பார்க்கும் போது வெளிப்படும் கதிர்வீச்சு மூலம் ஏற்படாது

- அ) நிரந்தரமாக முடி உதிர்தல் []
- ஆ) நிரந்தர கண்பார்வை பழுதடைதல் []
- இ) கவனக்குறைவு மற்றும் மனஒருமுகம் குறைவு []
- ஈ) சக்தி செலவாவதை குறைத்தல் []

பகுதி - 3

தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு ஏற்படக்கூடிய மனரீதியான பிரச்சனைகள் பற்றிய தாயின் அறிவுத்திறன் அறிதல்.

11. எந்த வகை தொலைக்காட்சி நிகழ்ச்சியானது உலகத்தை பற்றிய பயம், சண்டையிடும் குணம் ஆகியவற்றை குழந்தைகளிடத்தில் ஏற்படுத்தும்?

- அ) நகைச்சுவை நிகழ்ச்சி []
- ஆ) முரட்டுத்தனமான நிகழ்ச்சி []
- இ) கல்வி அறிவு பற்றிய நிகழ்ச்சி []
- ஈ) வினாவிடை நிகழ்ச்சி []

12. எந்த வகை குழந்தைகளுடைய மனம் வன் முறைக்கு பலவீனமானது, உண்மை மற்றும் கற்பனையை பிரித்து பார்க்கும் தன்மை இல்லாதது?

- அ) 1 முதல் 8 வயது வரை []
- ஆ) 9 முதல் 11 வயது வரை []
- இ) 12 முதல் 18 வயது வரை []
- ஈ) 19 முதல் 25 வயது வரை []

13. அதிகமாக முரட்டுத்தனமான நிகழ்ச்சிகளை பார்க்கும் குழந்தைகளிடத்தில் ஏற்படும் பழக்கவேறுபாட்டிற்கான அறிகுறிகள் என்ன?

- அ) மற்ற குழந்தைகளுக்கு உதவுவது []
- ஆ) மற்ற குழந்தைகளுடன் சமாதானமாக போவது []
- இ) மற்ற குழந்தைகளை நேசித்தல் []
- ஈ) மற்ற குழந்தைகளை அடித்தல் மற்றும் பொம்மைகளை உடைத்தல் []

14. தொலைக்காட்சி பாத்திரங்கள், எந்த அபாயமான பழக்கத்தை குழந்தைகளிடத்தில் உண்டாக்காது?

- அ) புகைப்பிடித்தல் []

- ஆ) விளையாடுதல் []
- இ) இன வேறுபாடு []
- ஈ) மது அருந்துதல் []
15. பயமுறுத்தும் திரைப்படங்களை பார்க்கும் குழந்தைகளிடம் ஏற்படாத பழக்க வேறுபாடு எது?
- அ) எப்போதும் மற்றவரை துணைக்கு அழைத்தல் []
- ஆ) அக்காட்சிகளை உண்மையாக உருவகப்படுத்திப் பார்த்தல் []
- இ) உறங்கும் போது படுக்கையில் சிறுநீர் கழித்தல் []
- ஈ) வீட்டை விட்டு ஓடி விடுதல் []
16. கீழ்க்கண்டவற்றில் வன்முறைக் காட்சிகளை காணும் குழந்தைகளிடம் காணப்படும் மனரீதியான பிரச்சனைக்களுக்கான அறிகுறிகள் அல்லாதவை எவை?
- அ) மற்றவர் செய்ய வேண்டியதை கட்டளையிடுதல் []
- ஆ) குழந்தை காணும் கதைகளை மிகைப்படுத்திச் சொல்லுதல் []
- இ) தற்கால கலாச்சாரத்தை பின்பற்றுதல் []
- ஈ) சமுதாயத்திற்கு எதிரான நிகழ்வுகளில் ஈடுபடமாட்டார்கள் []

பகுதி.4

தொலைக்காட்சிக் காணும் குழந்தைகளிடம் காணப்படும் கல்வியறிவு குறைபாடுகள் பற்றிய தாயின் அறிவுத்திறன் அறிதல்

17. கீழ்க்கண்டவற்றில் அதிகமான நேரத்தை தொலைக்காட்சியில் செலவிடும் குழந்தைகளின் கல்வியறிவுத்திறன் குறைவதற்கான காரணங்கள் அனைத்தும் ஒன்றை தவிர
- அ) கவனக்குறைவு மற்றும் கவனம்சிதைதல் []
- ஆ) பகல்கனவு []
- இ) படிப்பில் குறைந்த நேரம் செலவிடுதல் []
- ஈ) அதிக நேரம் உறங்குவதால் []

18. கீழ்க்கண்டவற்றில் தொலைக்காட்சி காணும் குழந்தைகளின் கல்வி அறிவுத்திறன் குறைப்பாட்டிற்கான அறிகுறிகள் அனைத்தும் ஒன்றை தவிர
- அ) பள்ளிக்கூட நிகழ்ச்சியில் பங்கேற்ப்பது []
- ஆ) பொது அறிவுத்திறனை அதிகரிக்கும் விருப்பம் இல்லாமை []
- இ) கற்பனை வளமிக்க நிகழ்ச்சிகளில் குறைந்த விருப்பம் செலுத்துதல் []
- ஈ) பள்ளிக்கூட நிகழ்ச்சிகளில் குறைந்த விருப்பம் செலுத்துதல் []
19. சிறு குழந்தைகள் அதிகமாக தொலைக்காட்சி பார்ப்பதால் ஏற்படும் விளைவு என்ன?
- அ) உடல் வளர்ச்சியை பாதிக்கும் []
- ஆ) உடல் வளர்ச்சியை அதிகரிக்கும் []
- இ) மூளை வளர்ச்சியை பாதிக்கும் []
- ஈ) மூளை வளர்ச்சியை அதிகரிக்கும் []
20. விளையாடுதல், படித்தல் மற்றும் பயிலும் திறன் பாதிப்படைவதற்கான காரணம் என்ன?
- அ) அதிக நேரத்தை தொலைக்காட்சியில் செலவிடுதல் []
- ஆ) அதிக நேரத்தை விளையாடுவதில் செலவிடுதல் []
- இ) அதிக நேரத்தை பள்ளியில் செலவிடுதல் []
- ஈ) மேலே குறிப்பிட்டுள்ள அனைத்தும் []

பகுதி-5

அதிகமாக தொலைக்காட்சி பார்ப்பதால் குழந்தைகளுக்கு நேரிடும் விளைவுகளை தவிர்க்கும் முறை மற்றும் பெற்றோரின் பங்குகள் பற்றிய தாயின் அறிவுத்திறனை சோதித்தல்.

21. வியாபார ரீதியான விளம்பரங்களை பார்த்து குழந்தைகள் குறிப்பிட்ட உணவுகளை கேட்கும் போது பெற்றோர் செய்ய வேண்டியது என்ன?

அ) விளம்பரங்களில் வரும் உணவுகளை வாங்கி கொடுத்து உண்ண []
அனுமதித்தல்.

ஆ) நொறுக்கு தீனி மற்றும் சத்தில்லாத பண்டங்களை உண்பதால் []
ஏற்படும் பாதிப்புகளை பற்றி கலந்துரையாடுதல்.

இ) குழந்தையின் விண்ணப்பத்தை நிராகரித்தல் []

ஈ) குழந்தைகளை அடித்தல் மற்றும் திட்டுதல் []

22. தொலைக்காட்சி காணும் குழந்தைகளுக்கு ஏற்படும் தீய
விளைவிற்கான காரணம் என்ன?

அ) அதிகமாக தொலைக்காட்சி பார்க்கும் குழந்தைகளை பெற்றோர் []
ஒழுங்கு படுத்தாமல் இருப்பது

ஆ) அதிகமாக தொலைக்காட்சி பார்க்கும் குழங்க்கைகளை []
பெற்றோர்கள் ஒழுங்கு படுத்துதல்

இ) மிதமான அளவில் தொலைக்காட்சி பார்த்தல் மற்றும் நல்ல []
தொலைக்காட்சி நிகழ்ச்சிகளை அவர்களே தேர்ந்தெடுத்து பார்த்தல்

ஈ) மேலே உள்ள அனைத்தும் []

23. குழந்தைகள் எந்த நிகழ்ச்சிகளை பார்க்காதவாறு பெற்றோர்கள்
கட்டுப்படுத்த வேண்டும்?

அ) வன்முறை, கொடூரமான மற்றும் சமூக விரோத நிகழ்ச்சிகள் []

ஆ) தகவல் தரும் நிகழ்ச்சிகள் []

இ) கல்வி சம்பந்தமான நிகழ்ச்சிகள் []

ஈ) சமாதானமான நிகழ்ச்சிகள் / வன்முறையற்ற நிகழ்ச்சிகள் []

24. பின்வருவனவற்றில் பெற்றோரின் எந்த நடவடிக்கை
குழந்தைகள் தொலைக்காட்சி அதிகமாக காணும் பழக்கத்தை
அதிகரிக்கும்?

அ) பெற்றோர் அதிக நேரம் தொலைக்காட்சி காண்பது. []

ஆ) குழந்தையை அதிக நேரம் விளையாட அனுமதித்தல் []

இ) பெற்றோர் அதிக நேரம் செய்தித்தாள் படிப்பதில் செலவழித்தல் []

ஈ) மேலே உள்ள அனைத்தும் []

25. குழந்தைகள் தொலைக்காட்சி காணும் பழக்கத்திற்கு பெற்றோர் மற்றும் பெரியவர்கள் எவ்வாறு முன்னோடியாக திகழ வேண்டும்?

- அ) குறைந்த நேரத்தை தொலைக்காட்சி காண செலவிடுதல் []
- ஆ) அதிக நேரத்தை தொலைக்காட்சி காண செலவிடுதல் []
- இ) எந்த நிகழ்ச்சி பார்க்க வேண்டும் என்று குழந்தைகளை தேர்ந்தெடுக்க அனுமதித்தல் []
- ஈ) குழந்தைக்கு போதுமான அளவு தொலைக்காட்சி காண அனுமதித்தல் []

26. குழந்தையை தொலைக்காட்சி நிகழ்ச்சிகளின் கருத்தை புரிந்துகொள்ள பெற்றோர் மற்றும் பெரியோர் எவ்வாறு உதவ வேண்டும்?

- அ) தகுந்த நிகழ்ச்சிகளை தேர்ந்தெடுத்து பார்க்க அனுமதித்தல் []
- ஆ) குழந்தைகளுடன் சேர்ந்து தொலைக்காட்சி காணுதல் []
- இ) தொலைக்காட்சியில் காண்பவற்றை பற்றி அனைவரும் கலந்துரையாடல் []
- ஈ) மேலே குறிப்பிட்டுள்ள அனைத்தும் []

27. பின்வருவனவற்றில் குழந்தைகள் அதிக நேரம் தொலைக்காட்சி காண காரணங்கள் அல்லாதவை எவை?

- அ) பெற்றோர், குழந்தைகளுடன் குறைந்த நேரத்தை செலவிடுதல் []
- ஆ) பெற்றோர், குழந்தைகளுடன் அதிக நேரத்தை செலவிடுதல் []
- இ) குழந்தைகளுக்கான செயல்பாடுகள் சமுதாயத்தில் குறைந்து காணப்படுதல் []
- ஈ) அதிக தொலைக்காட்சி நிகழ்ச்சிகள் குழந்தைகளை கவரும் வகையில் அமைந்துள்ளது []

28. குழந்தைகள் சண்டை காட்சிகளை பார்த்து அதே போல் செய்யும் போது பெற்றோரின் செயல் என்ன?

- அ) அந்த செயலை புகழுதல் []
- ஆ) அந்த செயலை தடுத்தல் []

இ) குழந்தைகளை அடித்தல் []

ஈ) மேலே குறிப்பிட்டுள்ள அனைத்தும் []

29. குழந்தைகள் கல்வி சட்டத்தின் கீழ் எந்த சட்டம் கொண்டுவரப்பட்டது?

அ) குழந்தைகளுக்கான வன்முறை நிகழ்ச்சிகள் வாரத்திற்கு 3 மணி []
நேரமாவது ஒளிபரப்ப வேண்டும்.

ஆ) குழந்தைகளுக்கான கல்வி மற்றும் தகவல் நிகழ்ச்சிகள் 1 []
வாரத்திற்கு 3 மணிநேரமாவது ஒளிபரப்ப வேண்டும்.

இ) குழந்தைகளுக்கான பயமுறுத்தும் திரைப்படங்களை 1 வாரத்திற்கு 3 []
மணிநேரமாவது ஒளிபரப்ப வேண்டும்

ஈ) பெரியவர்களுக்கான திரைப்படத்தை குழந்தைகளுக்கு வாரம் 3 மணி []
நேரமாவது ஒளிபரப்ப வேண்டும்.

30. தொலைக்காட்சிக்கான விளம்பர விதிகள் யாவை?

அ) புகையிலை மற்றும் மதுபான பொருட்களுக்கான விளம்பரம் []
தடைசெய்யப்பட்டுள்ளது.

ஆ) பொருட்களைப் பற்றிய விளம்பரங்கள் அந்த நாட்டின் சட்டப்படி []
அமைய வேண்டும்.

இ) வியாபார நோக்கில் பெண்களை தாழ்த்தியோ அல்லது []
குழந்தைகளின் பாதுகாப்பை குலைக்கும் வகையிலோ விளம்பரம்
செய்ய கூடாது.

ஈ) மேலே குறிப்பிட்டுள்ள அனைத்தும். []

விடைகள்

கேள்வி எண்	பதில்கள்
1	அ
2	அ
3	ஆ
4	அ
5	ஈ
6	இ
7	ஈ
8	இ
9	அ
10	அ
11	ஆ
12	அ
13	ஈ
14	இ
15	ஈ
16	ஈ
17	ஈ
18	அ
19	இ
20	அ
21	ஆ
22	அ
23	அ
24	அ
25	அ
26	ஈ
27	ஆ
28	ஆ
29	ஆ
30	ஈ

25. குழந்தைகள் தொலைக்காட்சி காணும் பழக்கத்திற்கு பெற்றோர் மற்றும் பெரியவர்கள் எவ்வாறு முன்னோடியாக திகழ வேண்டும்?

அ) குறைந்த நேரத்தை தொலைக்காட்சி காண செலவிடுதல் []

ஆ) அதிக நேரத்தை தொலைக்காட்சி காண செலவிடுதல் []

இ) எந்த நிகழ்ச்சி பார்க்க வேண்டும் என்று குழந்தைகளை தேர்ந்தெடுக்க அனுமதித்தல் []

ஈ) குழந்தைக்கு போதுமான அளவு தொலைக்காட்சி காண அனுமதித்தல் []

26. குழந்தையை தொலைக்காட்சி நிகழ்ச்சிகளின் கருத்தை புரிந்துகொள்ள பெற்றோர் மற்றும் பெரியோர் எவ்வாறு உதவ வேண்டும்?

அ) தகுந்த நிகழ்ச்சிகளை தேர்ந்தெடுத்து பார்க்க அனுமதித்தல் []

ஆ) குழந்தைகளுடன் சேர்ந்து தொலைக்காட்சி காணுதல் []

இ) தொலைக்காட்சியில் காண்பவற்றை பற்றி அனைவரும் கலந்துரையாடல் []

ஈ) மேலே குறிப்பிட்டுள்ள அனைத்தும் []

27. பின்வருவனவற்றில் குழந்தைகள் அதிக நேரம் தொலைக்காட்சி காண காரணங்கள் அல்லாதவை எவை?

அ) பெற்றோர், குழந்தைகளுடன் குறைந்த நேரத்தை செலவிடுதல் []

ஆ) பெற்றோர், குழந்தைகளுடன் அதிக நேரத்தை செலவிடுதல் []

இ) குழந்தைகளுக்கான செயல்பாடுகள் சமுதாயத்தில் குறைந்து காணப்படுதல் []

ஈ) அதிக தொலைக்காட்சி நிகழ்ச்சிகள் குழந்தைகளை கவரும் வகையில் அமைந்துள்ளது []

28. குழந்தைகள் சண்டை காட்சிகளை பார்த்து அதே போல் செய்யும் போது பெற்றோரின் செயல் என்ன?

அ) அந்த செயலை புகழுதல் []

ஆ) அந்த செயலை தடுத்தல் []

இ) குழந்தைகளை அடித்தல் []

ஈ) மேலே குறிப்பிட்டுள்ள அனைத்தும் []

29. குழந்தைகள் கல்வி சட்டத்தின் கீழ் எந்த சட்டம் கொண்டுவரப்பட்டது?

அ) குழந்தைகளுக்கான வன்முறை நிகழ்ச்சிகள் வாரத்திற்கு 3 மணி நேரமாவது ஒளிபரப்ப வேண்டும். []

ஆ) குழந்தைகளுக்கான கல்வி மற்றும் தகவல் நிகழ்ச்சிகள் 1 வாரத்திற்கு 3 மணிநேரமாவது ஒளிபரப்ப வேண்டும். []

இ) குழந்தைகளுக்கான பயமுறுத்தும் திரைப்படங்களை 1 வாரத்திற்கு 3 மணிநேரமாவது ஒளிபரப்ப வேண்டும் []

ஈ) பெரியவர்களுக்கான திரைப்படத்தை குழந்தைகளுக்கு வாரம் 3 மணி நேரமாவது ஒளிபரப்ப வேண்டும். []

30. தொலைக்காட்சிக்கான விளம்பர விதிகள் யாவை?

அ) புகையிலை மற்றும் மதுபான பொருட்களுக்கான விளம்பரம் தடைசெய்யப்பட்டுள்ளது. []

ஆ) பொருட்களைப் பற்றிய விளம்பரங்கள் அந்த நாட்டின் சட்டப்படி அமைய வேண்டும். []

இ) வியாபார நோக்கில் பெண்களை தாழ்த்தியோ அல்லது குழந்தைகளின் பாதுகாப்பை குலைக்கும் வகையிலோ விளம்பரம் செய்ய கூடாது. []

ஈ) மேலே குறிப்பிட்டுள்ள அனைத்தும். []

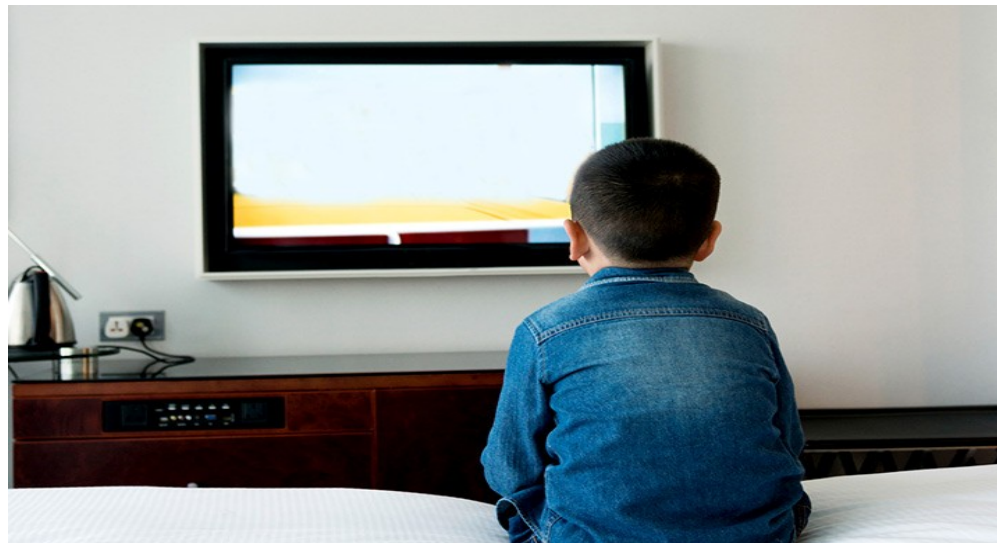
விடைகள்

கேள்வி எண்	பதில்கள்
1	அ
2	அ
3	ஆ
4	அ
5	ஆ
6	இ
7	ஈ
8	இ
9	அ
10	அ
11	ஆ
12	அ
13	ஈ
14	இ
15	ஈ
16	ஈ
17	ஈ
18	அ
19	இ
20	அ
21	ஆ
22	அ
23	அ
24	அ
25	அ
26	ஈ
27	ஆ
28	ஆ
29	ஆ
30	ஈ

STRUCTURED TEACHING PROGRAMME

ON

*Impact of excess television viewing among
School age children*



TITLE : IMPACT OF EXCESS TELEVISION VIEWING AMONG SCHOOL AGE CHILDREN

GROUP : MOTHERS OF SCHOOL AGE CHILDREN

PLACE OF TEACHING : MEDAVAKKAM RURAL AREA,CHENNAI.

DURATION : 45 MINUTES

METHOD OF TEACHING : LECTURE CUM DISCUSSION

MEDIUM OF INSTRUCTION : ENGLISH

TEACHING AIDS : FLIP CHART, PHAMPLETS

RESEARCH GUIDE : MRS.MARY, MSC(N)., LECTURER.

RESEARCHER NAME : K.RAJATHI

CENTRAL OBJECTIVE:

At the end of the Structured teaching programme , mothers will be able to acquire knowledge regarding impact of excess television viewing among children and to develop desirable attitude in reducing the impact of excess television viewing on health of children.

SPECIFIC OBJECTIVES:

At the end of the Structured teaching programme ,mothers will be able to

- state the general concept about television.
- list out the negative effects of excess television viewing.
- mention the physical problems of children due to excess television viewing.
- enumerate the psycho social problems of children due to excess television viewing.
- explain the learning problems of children due to excess television viewing.
- discuss the parental role and preventive measures to reduce the impact of excess television viewing on health of children.
- state the legal implications of television viewing by children.

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<p>INTRODUCTION:</p> <p>Television is one of the important media for any age group, especially children, who are easily attracted towards this media. Children love to watch television and movies. But too much of it during the developmental years can have negative impact on them. Television has its good side too. It can be entertaining and educational, and can open up new worlds for kids, giving them a chance to travel the globe, learn about different cultures, and gain exposure to ideas they may never encounter in their own community.</p> <p>Programme with positive role models can influence the children to make positive life style changes, however the reverse can be true, television can affect kids health, behavior and family life in negative ways. Parents are greatest role in the health of the children.</p>				

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
1	2 mts	state the general concept about television.	<p>GENERAL CONCEPT ABOUT TELEVISION:</p> <p>A national survey of television use found that, schoolers watch about 2.6 hours per day. In India, more than half of television viewers today are children of below 15 years.</p> <p>According to American Academy of pediatrics:</p> <ul style="list-style-type: none"> • Limit children total media time to not more than 1 to 2 hours of quality programme per day. • Discourage television viewing for children younger than 2 years, and encourage more interactive activities that will promote brain development such as talking, playing, singing , and reaching together • Parents must know that the fact of children should not exceed watching television 10 hours or more per week is dangerous. 	Explaining	Listening	Flip chart	What are the general concept about television ?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
2	3mts	list out the negative effects of excess television viewing	<p>Negative effects due to excess television viewing among children:</p> <p>Physical problems:</p> <ul style="list-style-type: none"> ➤ Obesity ➤ Sleeping disorder ➤ Early onset of puberty ➤ Diabetes and cardiac problems. <p>Learning problems:</p> <ul style="list-style-type: none"> ➤ Attention deficit. ➤ Reading problems ➤ Writing problems ➤ Reduce academic performance ➤ Delayed language development <p>Psychological problems:</p> <ul style="list-style-type: none"> ➤ Violence ➤ Phobia ➤ Behavioral problems ➤ Social isolation ➤ Smoking and alcoholism ➤ Night mares. 	Explaining	Listening	Flip chart	What are all the negative effects of excess television viewing?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			Others: <ul style="list-style-type: none"> ➤ Loss of interest in play activities ➤ Less time in interacting with their parents ➤ Sexual problems. 				
3	10 mts	mention the physical problems of children due to excess television viewing	<p>PHYSICAL PROBLEMS:</p> <p>I.OBESITY:</p> <p>Researchers found that 17% of overweight, 15% of raised serum cholesterol, 17% of smoking and 15% of poor fitness can be attributed to watching television for more than 2 hours a day.</p> <p>Obesity is greater among children and adolescence who frequently watching television because little energy is expended while viewing and also concurrent consumption of high caloric snacks and lower metabolic rate.</p> <p><u>Effects of childhood obesity:</u></p> <p>Children's who are eating snacks while watching television will gain excess weight and risk for</p> <ul style="list-style-type: none"> • Diabetes and heart disease 	Explaining	Listening	Flip chart	What are physical problems due to excess television viewing?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<ul style="list-style-type: none"> • Decrease self concept • Limited social interaction <p>The prevalence of diabetes among the children aged 3 and 17 years has been increased due to intake of snacks and other junk foods by viewing television advertisements .</p> <ul style="list-style-type: none"> • Intake of junk food and carbonated drinks twice a week is risk for <ul style="list-style-type: none"> ➤ cancer , asthma and arthritis ➤ Hypothyroidism ➤ Heart disease ➤ Sleep disorder <p>II SLEEP DISORDER</p> <p>A significant relationship was found between exposure to television and sleeping difficulties in different age group ranging from infants to adults. Television viewing among infants among children is independently associated with irregular sleep schedules. Regular sleep schedules are an imbalance part of healthy sleep.</p> <p>A current study found that children who watch TV is associated to altered sleep patterns and</p>				

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<p>sleep disorders like night mares irregular sleep and vision straining.</p> <p>EFFECTS OF TELEVISION EXPOSURE TO SLEEP:</p> <p>Exposure to television screen will cause sleep disorders like night mares and permanent eye sight damage due to long period of fixed attention from the viewer.</p> <ul style="list-style-type: none"> ➤ Attention and concentration disorders, low metabolic rates. ➤ Continuous exposure to television will suppress the sleep hormone called melatonin. ➤ Due to suppression of sleep hormone, will cause early onset of puberty among girls ➤ Children spending longer periods watching television had shorter sleep duration. ➤ Parents should consider avoiding long periods of daily television exposure among preschool and school-aged children 				

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
4	10 mts	enumerate the psychosocial problems of children due to excess television viewing.	<p>PSYCHO SOCIAL LOGICAL PROBLEMS:</p> <p>violence:</p> <p>According to the American academy of pediatrics, Extensive research evidence indicates that media violence can contribute to aggressive behavior.</p> <ul style="list-style-type: none"> ➤ Children under age eight cannot tell the difference between reality and fantasy, making them more vulnerable in learning. ➤ children who views violence program will risk for aggressive behavior like: ➤ Hitting other children and break toys ➤ Child kicks , strikes or slaps to her ➤ Hurts animals ➤ Teases or make fun of others ➤ Child commands others on what they have to do. ➤ Tells untrue or exaggerated stories on TV shows ➤ Influence modern culture. <p>fear:</p> <p>Children can come to view the world as a mean and scary place when they take violence and to her</p>	Explaining	Listening	Flip chart	what are the psycho social problems due to excess television viewing?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<p>disturbing themes on TV to be accurate in real life.</p> <p>Symptoms of being frightened or upset by TV stories can include bad dreams</p> <ul style="list-style-type: none"> • Being afraid of being alone. • Withdrawing from friends. • Night mares. • Fear of dark place. • Bed wetting <p>The three major effects of seeing violence television are:</p> <ul style="list-style-type: none"> ➤ Children may become less sensitive to the pain and suffering of others. ➤ Children, particularly girls may be more fearful of the world around there which is termed as scary world “syndrome”. ➤ Children may be more likely to behave in aggressive ways toward others. <p>BEHAVIOUR CHANGES:</p> <p>Social isolation:</p> <p>Children spend a significantly shorter amount of time with friends and family causes:</p> <ul style="list-style-type: none"> • Poor peer relationship increases the risk for 				

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<p>social isolation</p> <ul style="list-style-type: none"> • Anxiety disorder • Agoraphobia • Antisocial behavior including aggression and gang involvement <p>Risk for alcohol and smoking:</p> <p>Research has demonstrated strong association between exposure to certain mass media messages and smoking among children. For instance, more than half of adolescent smoking initiation has been linked to watching smoking in movies.</p> <ul style="list-style-type: none"> • Even though tobacco advertisements are banned on TV, young people still see people smoking on programs and movies shown on television. • Kids who watch more TV start smoking at an earlier age. • India faced a lot of controversy with a ban on – screen smoking in films and television programs smoking ban was imposed from January 23, 2009, Delhi High court lifted the smoking ban in films and TV. 				

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			Risk for alcoholic drinking shows: <ul style="list-style-type: none"> It has been shown that exposure to alcohol advertising and TV programming is associated with positive beliefs about alcohol consumption. Many studies have shown that alcoholic drinks are the most common beverage portrayed on TV, and that they are almost never shown in a negative light. 				
5	5 mts	explain the learning problems of children due to excess television viewing	LEARNING PROBLEMS: American Academy of pediatrician has reached the conclusion that too much video stimulation is harmful to children and that older children up to age five should watch no more than two hours per day. <ul style="list-style-type: none"> Television steals time from educationally profitable activities. Attention deficit. Reading problem Reduce academic performance Lack of improvement in knowledge Less interest in creative programme Less interest in school activities 	Explaining	Listening	Flip chart	What are the learning Problem of television Viewing?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
6	10 mts	discuss the parental role and preventive measures to reduce the impact of television on health of children	PARENTAL ROLE AND PREVENTIVE MEASURES : <ul style="list-style-type: none"> Parents should be encouraged to explore media together and discuss their educational value. Children should be encouraged to criticize and analyze what they see in the media. Parents can help children differentiate between fantasy and reality, particularly when it comes to sex, violence and advertising. No child should be allowed to have a television in his or her bedroom. A central location is strongly advised with common access and common passwords Parental habits determine the amount and type of programme children watch at their age. Limit the children total media time to no more than 1 to 2 hours of quality programme per day. Discourage television viewing for children younger than 2 years, and encourage more interactive activities that will promote brain development such as talking, playing, singing, and reaching together. 	Explaining	Listening	Phamp -lets	What are the parental role to prevent the impact of television among children?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<ul style="list-style-type: none"> • Monitor the shows; children and adolescents are viewing most programs should be informational, educational, and non-violence. • View television programe along children, and discuss about the content • Encourage alternative entertainment for children including, reading, athletics, hobbies and creative play. • Know what your kids are watching; decide what programme appropriate for their age and personality and strict to your rules. • Watch with your kids, if the programming turns violent, you can discuss what happened to put it in a contest you want your kids to learn. • Discourage children when mimics stunts seen on TV • Teach children to differentiate clearly between fantasy life and real life. • Monitor the children's who watch television for 10 hours or more per week are less skilled at reading and are less successful in school. • Get children interested in activities other than television. • Provide information about healthy eating habits. 				

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<ul style="list-style-type: none"> • Turning off TV when no one is watching and during meals. • Parents should discuss the ill effect of eating snacks and junk foods. • Parents can use television rating systems to block certain programmes. • Spend much time to interact with the child. • Parents must know that the fact of children should not exceed watching television 10 hours or more per week is dangerous. 				
7.	5mts	state the legal implication of television viewing by children.	LEGAL IMPLICATIONS RELATED TO TELEVISION VIEWING AMONG CHILDREN: <ul style="list-style-type: none"> • Children education act was passed in 1992 which reveals educational and informational programme should be telecast for children at least 3 hrs /week. • All TV channels should follow advertisement code for every 30 minutes programe 7.2 minutes allotted for advertisements • Advertisement for tobacco product and liquor are not permitted. • goods and services advertised should be in consonance with laws of country . 	Explaining	Listening	Phamp -lets	What are the legal implication related to television viewing among children?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	A.V AIDS	EVALUATION
			<ul style="list-style-type: none"> • Commercials should never project a delegatory image of women and should endanger the safety of children. • Television rating system should be applied uniformly and listed in television guided , newspaper, and journal so parents know what they mean. • It has been suggested that, like the cigarette should be printed in bold, black letters on the side of every TV set sold. • Delhi High court banned smoking in films and TV on Jan 23, 2009. 				

SUMMARY

So far we discussed about, general concept about television viewing that is a national survey of television use found that schoolers watch about 2.6 hours per day. Negative effect due to excess television viewing among children are physical problems that is Obesity, sleeping disorder, diabetes and cardiac problems. Learning problems that is attention deficit, reading problem, reduce academic performance. Psychological problems that is violence, phobia, behavioral problems, social isolation, smoking and alcoholism. Parental role that is parental habits determine the amount and type of programme watching by their children, limit children total media time to not more than 1 to 2 hours of quality programme per day, discourage television viewing for children younger than 2 years and encourage more interactive activities that will promote brain development such as talking, playing, singing, and reaching together, children and adolescents are viewing .most programs should be informational, educational, and non-violence, view television programme along children, and discuss contents, encourage alternative entertainment for children, including, reading, athletics, hobbies and creative play, know what your kids are watching, decide what programme appropriate for their age and personality, and strict to your rules.

INFORMATION TO PARTICIPANTS

TITLE: “A study to assess the effectiveness of structured teaching programme regarding knowledge on impact of excess television viewing among mothers of school age children at Medavakkam rural area, Chennai.”

Sample No :

Name of Participant :

Age :

Date :

Investigator : K. Rajathi.

Enrollment No :

You are invited to take part in this research/ study /procedures. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to participate in this study being conducted in Medavakkam rural area.

What is the Purpose of the Research study? (explain briefly)

In the way to teach to the mothers about impact of excess television viewing among school age children. To improve the knowledge of the mothers about impact of excess television viewing, so we have to follow this on every day with your children. This study provides the knowledge to mothers about impact of excess television viewing among children. The mothers can able to control their children in watching television and allow their children < 2 hours to viewing television per day. The mothers will get knowledge about the

physical problems, psychosocial problems, learning problems due to excess television viewing and parental role regarding reducing the excess television viewing among children.

We have obtained permission from the Institutional Ethics Committee.

The Study Design:

Pre experimental study. One group pre test - post test design.

Study procedure:

1. The study will be undertaken after approval from institutional ethics committee.
2. Those who are willing to participate will be enrolled and informed consent will be obtained.
3. The mothers of school age children who fulfill the inclusion criteria and exclusion criteria are selected the groups.
4. The level of existing knowledge about impact of excess television viewing is assessed with structured questionnaire among mothers of school age children.
5. To teach the mother about impact of excess television viewing that is physical problems, learning problems and psychosocial problems and parental role regarding reducing excess television viewing among school age children.
6. After seven days, analyze the effectiveness of structured teaching programme regarding impact of excess television viewing among mothers of school age children.
7. Result of the study will be analyzed by using descriptive and inferential statistics.

Possible Risks to you - Briefly Mention

No risks involve

Possible benefits to you

After finishing this study, investigator will provide adequate knowledge about impact of excess television viewing. It will improve the knowledge of the mothers about the impact of excess television viewing among their children.

Possible benefits to other people

The result of the research may provide benefits to the society in terms of advancement of knowledge regarding impact of excess television.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your medical information (personal details, results of physical examinations, investigations and your medical history). The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

Your privacy in the research will be maintained throughout the study in the event of any publication or presentation resulting from research, no personally identify able information will be shared.

How will your decision to not participate in the study affect you?

Your decisions to not participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

However, it advisable that you talk to the research team prior to stopping the treatment/ discontinuing of procedures etc.

The result of this study will be informed to you at the end of the study

Signature of the Investigator:

Signature of the Participant:

Dat :

Date :

PATIENT CONSENT FORM

TITLE: “A study to assess the effectiveness of structured teaching programme regarding knowledge on impact of excess television viewing among mothers of school age children at Medavakkam rural area, Chennai.”

Sample no :

Name of the participant :

Date :

Age :

Name of the Investigator :

Enrollment No :

Documentation of the informed consent: (legal representative can sign if the participant is minor or incompetent).

- I ----- have read the information in this form (or it has been read to me). I was free to ask any questions and they have been answered. I am over 18 years of age and exercising my free power of choice, hereby give my consent to be included as a participant in this study.
- I have read and understood this consent form and the information provided to me.
- I had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator. .
- I am aware of the fact that I can opt out of the study at any time without giving any reason and this will not affect my future treatment in this hospital.
- I hereby give permission to the investigator to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities, Govt, agencies, and IECI, understand that they are publicly presented.

- I have understood that my identity will be kept confidential if my data are publicly presented.
- I have had my questions answered to my satisfaction.
- I have decided to be in the research study
- I am aware that if I have any question during this study, I should contact the investigator. By signing this consent from I attest that the information given in this document has been clearly explained, to me and understood by me, I will be given a copy of this consent document.

Name and Signature / thumb impression of the participant (or legal representative if participant incompetent)

Name: -----

Signature -----

Date -----

Name and signature of the investigator or his representative obtaining consent:

Name -----

Signature -----

Date -----

ஆராய்ச்சி சுய ஒப்புதல் படிவம்

ஆய்வு தலைப்பு : அதிகமாக தொலைக்காட்சி பார்க்கும் பள்ளி வயதிற்குட்பட்ட குழந்தைகளிடத்தில் உண்டாகும் எதிர்மறையான விளைவுகளை பற்றி தாய்மார்களுக்கு வரையறுக்கப்பட்ட கற்பிக்கும் முறையினால் உண்டாகும் நன்மைகளை பற்றிய ஆய்வு.

பங்கேற்பாளர் பெயர் :

வயது :

தேதி:

ஆய்வாளர் பெயர் : ராஜாத்தி.க

ஆய்வுநடைபெரும் இடம் ; கலைஞர் நகர், மேடவாக்கம்

_____என்பவராகிய நான் இந்த ஆய்வின் விவரங்களும் அதன் நோக்கங்களும் முழுமையாக அறிந்துக்கொண்டேன். எனது சந்தேகங்கள் அனைத்திற்க்கும் தகுந்த விளக்கம் அளிக்கப்பட்டது. இந்த ஆய்வில் முழு சுதந்திரத்துடனும் மற்றும் சுய நினைவுடனும் பங்கு கொள்ள சம்மதிக்கிறேன்.

1. நான் இந்த ஒப்புதல் படிவத்தைப் படித்து புரிந்துக் கொண்டேன்.
2. இச்சுய ஒப்புதல் படிவத்தை பற்றி எனக்கு விளக்கப்பட்டது.
3. எனக்கு விளக்கப்பட்ட தகவல்களை நான் புரிந்து கொண்டேன்.
4. இந்த ஆய்வினை பற்றிய அனைத்து தகவல்களும் எனக்கு தெரிவிக்கப்பட்டது.
5. இந்த ஆய்வில் எனது உரிமை மற்றும் பங்கினை பற்றி அறிந்துக்கொண்டேன்.
6. இந்த ஆய்வில் ஏற்படும் பாதிப்புகள் எனக்கு விளக்கப்பட்டது.
7. நான் ஆய்வாளருக்கு முழு ஒத்துழைப்பு அளிப்பேன், மேலும் எனக்கு பக்கவிளைவு ஏதாவது ஏற்பட்டால் ஆய்வாளருக்கு உடனடியாக தெரிவிப்பேன்.
8. இந்த ஆய்வில் பிறரின் நிர்பந்தமின்றி என் சொந்த விருப்பதின் பேரில் நான் பங்கு பெற சம்மதிக்கிறேன் மற்றும் நான் இந்த ஆராய்ச்சியிலிருந்து எந்நேரமும் பின் வாங்கலாம். என்பதையும் அதனால் எந்த பாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்து கொண்டேன்.

இந்த ஆய்வில் கலந்து கொள்வதன் மூலம் என்னிடம் இருந்து பெறப்படும் தகவல்களை ஆய்வாளர் நிறுவன நெறிமுறைகளுக்கிணை சார்ந்தவர்களிடமோ, அரசு நிறுவனத்திடமோ தேவைப்பட்டால் பகிர்ந்துக் கொள்ளலாம் என சம்மதிக்கிறேன்.

இந்த ஆய்வின் முடிவுகளை வெளியிடும் போது எனது குழந்தையின் பெயரோ, என் பெயரோ, அடையாளமோ வெளிடப்படாது என அறிந்துக்கொண்டேன். இந்த ஆய்வின் விவரங்களைக் கொண்ட தகவல் தாளைப் பெற்றுக்கொண்டேன். இந்த ஆய்வில் பங்கேற்கும் பொழுது ஏதேனும் சந்தேகம்

ஏற்பட்டால், உடனே ஆய்வாளரை தொடர்பு கொள்ள வேண்டும். என அறிந்துக்கொண்டேன்.

இச்சய ஒப்புதல் படிவத்தில் கையெழுத்திடுவதின் மூலம் இதிலுள்ள அனைத்து தகவல்களும் எனக்கு தெளிவாக விளக்கப்பட்டது என்று ஒப்புக்கொள்கிறேன். இச்சய ஒப்புதல் படிவத்தின் ஒரு நகல் எனக்கு கொடுக்கப்படும் என்று தெரிந்துக் கொண்டேன்.

ஆய்வாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

நாள் :

இடம் :

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு: அதிகமாக தொலைக்காட்சி பார்க்கும் பள்ளி வயதிற்குட்பட்ட குழந்தைகளிடத்தில் உண்டாகும் எதிர்மறையான விளைவுகளை பற்றி தாய்மார்களுக்கு வரையறுக்கப்பட்ட கற்பிக்கும் முறையினாளில் உண்டாகும் நன்மைகளை பற்றிய ஆய்வு.

பங்கேற்பாளர் பெயர் : வயது :

ஆய்வாளர் பெயர் : ராஜாத்தி.க

இந்த ஆய்வு மேடவாக்கம் மற்றும் அதனை சுற்றி உள்ள பகுதிகளில் நடைபெற உள்ளது.தாய்மார்கள் இந்த ஆய்வில் பங்கேற்க நாங்கள் விரும்புகிறோம். இதிலுள்ள தகவலின் அடிப்படையில் இந்த ஆய்வில் பங்கேற்பதா அல்லது வேண்டாமா என்று நீங்கள் முடிவு செய்துக்கொள்ளலாம். உங்களது சந்தேகங்களை எங்களிடம் கேட்டு நிவர்த்தி செய்து கொள்ளலாம்

இந்த ஆய்வின் நோக்கம்:

நிறைய தாய்மார்கள் தங்களின் குழந்தைகளுக்கு தொலைக்காட்சி பார்க்கும் பழக்கத்தை முறைப்படுத்த தெரிவதில்லை. வரையறுக்கப்பட்ட கல்வி மூலமாக தொலைக்காட்சி அதிகமாக பார்ப்பதால் உண்டாகும் விளைவுகளைப் பற்றியும் , அதனை முறைப்படுத்துவது பற்றியும் தாய்மார்களுக்கு எடுத்துரைப்பதால் தாய்மார்களின் அறிவுத்திறனை அதிகரிக்க முடியும். இந்த ஆய்விற்கு இன்ஸ்டிடியூசனல் எதிக்கல் கமிட்டி சம்மதம் பெற்றிருக்கிறோம்

ஆய்வின் செயல்முறை:

இந்த ஆய்வில் தொலைக்காட்சி அதிகமாக பார்ப்பதால் குழந்தைகளுக்கு உண்டாகும் விளைவுகளைப் பற்றி சில கேள்விகள் கேட்கப்படும் அதன் மூலம் தாய்மார்களின் அறித்திறனை அறிந்து கொள்ள முடியும். பிறகு வரையறுக்கப்பட்ட கல்வி மூலமாக தொலைக்காட்சி அதிகமாக பார்ப்பதால் குழந்தைகளுக்கு ஏற்படும் விளைவுகள் பற்றி விளக்கப்படும்..ஏழு நாள் பிறகு அதே கேள்விகளை கேட்கப்படும். பிறகு தாய்மார்களின் அறிவுத்திறன் சோதிக்கப்படும்.

ஆய்வினால் ஏற்படும் நன்மைகள்:

வரையறுக்கப்பட்ட கல்வி மூலமாக தொலைக்காட்சி பார்ப்பதில் உள்ள கேடு தரும் விளைவுகளைப் பற்றியும்,மேலும் தொலைக்காட்சி பார்ப்பதில் ஒழுக்க பண்புகளை குழந்தைகளிடையே தாய்மார்கள் வளர்க்க முடியும் மற்றும் தாய்மார்களின் அறிவுத்திறனை அதிகரிக்க முடியும்.

மருத்துவ சிகிச்சையின் தகவல்கள் குறித்த விவரங்கள்:

உங்கள் குழந்தையின் மருத்துவ சிகிச்சை குறித்த தகவல்கள் ரகசியமாக பாதுகாக்கப்படும். பெயர், மருத்துவ பரிசோதனை முடிவு, மருத்துவ ஆய்வு முடிவு) இந்த தகவல் தாளில் கையெழுத்திடுவதின் மூலம் உங்கள் குழந்தையைப் பற்றிய குறிப்புகளோ

எடுத்துக்கொண்ட சிகிச்சை முறைகளோ தேவைப்பட்டால் ஆய்வாளரோ இன்ஸ்டிட்யூசனல் எதிக்கல் கமிட்டியினரிடமோ அறிந்துக் கொள்ளலாம் என சம்மதிக்கிறீர்கள்.

இந்த ஆய்வின் முடிவுகளை வெளியிடும் போது எனது குழந்தையின் பெயரோ,என் பெயரோ, அடையாளமோ வெளிடப்படாது என அறிந்துக்கொண்டேன். இந்த ஆய்வில் தாய்மார்கள் பங்கேற்காவிட்டாலும் நீங்கள் வழக்கமான சிகிச்சையை தொடர்ந்து பெறலாம்.

இந்த சிறப்பு சிகிச்சையின் முடிவுகளை ஆய்வின் போதோ அல்லது ஆய்வின் முடிவின் போதோ தங்களுக்கு அறிவிப்போம் என்பதையும் தெரிவித்துக் கொள்கிறேன்.

ஆய்வாளர் கையொப்பம்:

பங்கேற்பாளர் கையொப்பம்:

S. No	DATE	PRETEST SCORING TEST																														TOTAL	%								
		DEMOGRAPHIC DATA						SEMI STRUCTURED QUESTIONNAIRE																																	
								1	2	3	4	5	6	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			19	20	21	22	23	24	25	26
1	02-Jan	B	A	B	C	B	C	1	0	1	1	1	1	0	0	0	0	1	1	1	1	0	0	0	0	1	1	1	1	1	1	0	0	0	1	1	1	18	60%		
2	02-Jan	A	B	C	C	A	C	1	0	1	1	1	1	0	0	1	0	1	1	0	0	0	0	1	0	1	0	0	0	0	1	1	0	0	1	0	1	14	47%		
3	02-Jan	A	A	C	A	A	A	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	6	20%		
4	02-Jan	B	B	A	B	B	C	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	1	0	0	0	0	1	0	0	1	8	27%		
5	03-Jan	A	B	C	A	A	C	1	0	0	1	0	1	0	1	0	1	0	1	1	0	1	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1	12	40%		
6	03-Jan	A	A	C	A	A	C	0	1	0	1	0	1	0	0	0	1	0	1	0	1	0	0	0	0	1	0	1	1	0	1	0	1	0	0	0	1	11	37%		
7	03-Jan	A	B	B	A	A	A	1	1	1	1	1	1	0	1	1	0	0	1	1	1	1	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	14	47%		
8	03-Jan	A	B	C	B	A	C	0	0	0	0	1	0	0	1	0	0	0	1	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	1	9	30%		
9	03-Jan	A	A	A	A	A	D	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	1	1	0	0	1	0	0	0	7	23%	
10	03-Jan	B	B	A	A	A	C	1	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	1	9	30%		
11	04-Jan	B	B	A	A	B	C	1	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	1	9	30%		
12	04-Jan	A	A	B	A	A	C	1	0	0	0	1	0	0	0	1	0	1	1	0	0	0	1	1	0	1	0	1	1	0	0	0	0	0	1	0	0	0	11	37%	
13	04-Jan	A	B	C	A	A	C	1	1	0	0	1	0	0	0	0	0	0	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	9	30%
14	04-Jan	B	A	B	B	A	B	1	0	1	0	1	0	0	0	1	1	1	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	1	12	40%	
15	04-Jan	A	A	B	B	B	C	1	0	1	0	0	1	0	0	1	0	0	1	0	0	0	1	0	0	1	0	1	0	1	0	0	1	0	0	0	0	10	33%		
16	04-Jan	A	B	C	C	A	C	0	0	0	0	1	1	0	0	0	0	0	0	1	1	0	0	1	0	1	0	1	0	0	1	0	1	0	0	1	0	0	1	12	40%
17	05-Jan	A	B	A	B	B	D	1	1	1	1	1	0	0	0	0	0	0	0	1	1	1	1	1	1	0	0	0	0	0	0	1	1	1	0	0	0	0	13	43%	
18	05-Jan	A	B	C	C	A	D	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	1	1	0	1	0	0	1	1	0	1	12	40%		
19	05-Jan	A	B	C	A	A	C	0	0	1	0	0	1	0	1	0	1	0	1	1	0	1	0	1	1	1	0	0	1	0	0	0	0	0	1	0	0	1	14	47%	
20	05-Jan	B	B	C	A	A	C	0	0	0	1	0	1	0	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	1	9	30%	
21	05-Jan	c	b	c	c	b	d	1	0	0	1	0	1	0	1	0	1	0	0	1	1	0	0	1	0	0	1	0	1	0	0	1	0	1	0	1	0	0	13	43%	
22	05-Jan	a	b	c	a	b	d	0	1	0	1	0	1	0	1	0	1	0	1	0	0	1	0	1	0	1	0	0	1	0	0	0	1	0	0	0	1	12	40%		
23	05-Jan	A	B	C	A	A	D	0	0	1	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0	1	0	1	1	0	1	0	1	0	1	0	1	12	40%		
24	05-Jan	A	B	C	A	B	C	1	0	0	0	1	1	0	1	1	0	1	1	0	0	0	1	0	0	1	0	0	1	0	1	0	1	0	0	0	0	1	13	43%	
25	06-Jan	A	B	C	B	B	D	0	1	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	8	27%	
26	06-Jan	A	B	C	A	B	D	1	0	0	1	0	1	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	8	27%		
27	06-Jan	A	B	C	B	B	C	0	0	0	1	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	9	30%		
28	06-Jan	A	A	B	B	A	C	0	0	1	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	1	0	1	0	1	10	33%	
29	06-Jan	A	B	C	A	A	C	1	0	0	0	1	1	0	1	0	1	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	10	33%	
30	06-Jan	C	B	C	C	B	D	1	0	0	1	0	1	0	0	1	0	0	1	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	1	0	1	11	37%		
31	08-Jan	C	B	C	B	B	D	1	0	0	0	1	0	0	0	1	0	1	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	1	0	0	1	10	33%	
32	08-Jan	B	B	C	C	B	D	0	1	1	0	1	0		0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	9	30%		
33	08-Jan	A	A	A	C	B	D	0	1	0	1	0	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	1	0	1	0	1	0	1	12	40%	
34	08-Jan	C	B	C	B	A	C	1	1	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	1	0	0	1	10	33%	
35	08-Jan	B	B	C	B	B	D	1	0	0	0	1	1	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	1	1	10	33%		
36	08-Jan	C	B	C	C	B	D	1	0	1	0	0	1	1	1	1	1	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	1	10	33%	
37	08-Jan	C	B	C	B	A	D	1	0	0	0	1	1	0	0	1	0	1	0	1	0	1	0	0	1	1	0	0	1	1	0	0	1	0	1	0	0	0	13	43%	
38	09-Jan	C	B	C	C	B	D	1	0	0	1	0	1	0	1	0	1	1	1	0	0	1	1	0	0	1	1	0	0	0	1	0	0	1	0	1	0	1	15	50%	
39	09-Jan	A	B	C	B	B	D	0	1	0	0	1	1	0	1	0	1	0	1	0	0	0	0	0	1	0	1	0	1	0	0	0	0	1	0	0	0	1	11	37%	
40	09-Jan	B	B	C	C	B	C	1	0	0	0	1	0	0	1	0	0	1	0	1	0	1	1	0	0	1	0	1	0	0	1	0	0	1	0	1	0	1	13	43%	
41	09-Jan	C	B	C</																																					

S. No	DATE	PRETEST SCORING TEST																														TOTAL	%					
		DEMOGRAPHIC DATA						SEMI STRUCTURED QUESTIONNAIRE																														
								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24			25	26	27	28	29
49	11-Jan	A	A	C	B	B	C	1	0	0	1	0	1	0	1	0	0	0	0	0	1	1	0	0	1	0	0	0	1	1	0	0	0	1	11	37%		
50	11-Jan	A	B	C	C	B	C	1	1	1	0	0	0	0	0	1	1	1	1	0	0	0	1	1	0	0	0	0	0	1	1	1	0	0	1	14	47%	
51	11-Jan	B	A	A	C	B	A	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	27%		
52	11-Jan	A	B	C	A	A	B	0	0	0	1	0	1	1	0	0	0	1	1	0	0	1	0	0	1	0	1	0	0	1	1	1	0	0	0	11	37%	
53	11-Jan	B	B	B	A	B	B	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	13%		
54	11-Jan	A	B	B	B	A	B	1	1	1	1	1	1	1	0	0	1	0	1	0	1	0	0	0	0	1	1	1	1	1	1	1	1	1	21	70%		
55	11-Jan	B	A	C	A	A	A	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	1	0	0	0	0	0	5	17%	
56	11-Jan	A	B	C	A	A	A	1	0	1	1	0	1	1	1	1	1	0	1	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0	1	15	50%	
57	12-Jan	A	B	C	A	B	D	1	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	8	27%	
58	12-Jan	A	B	B	A	B	D	1	0	0	0	1	0	0	0	0	0	1	0	0	1	0	1	0	0	0	1	0	0	1	0	1	0	0	1	10	33%	
59	12-Jan	B	B	C	A	B	C	0	0	0	0	0	1	1	1	1	0	0	0	0	0	1	0	1	0	0	0	0	1	1	1	0	0	0	0	9	30%	
60	12-Jan	A	A	A	B	B	D	0	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	1	0	0	7	23%	
61	12-Jan	B	B	C	B	B	D	0	1	0	0	0	0	0	1	0	1	0	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	9	30%	
62	12-Jan	A	B	C	A	B	D	1	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0	8	27%
63	12-Jan	B	A	C	A	A	D	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	7	23%
64	12-Jan	A	A	C	A	B	C	0	0	0	1	1	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	8	27%	
65	12-Jan	B	A	A	A	A	D	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	1	9	30%	
66	12-Jan	B	C	B	A	B	D	1	1	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	1	0	0	1	9	30%

S.No	DATE	POST-TEST SCORING TEST																														TOTAL	%	
		SEMI STRUCTURED QUESTIONNAIRE																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
1	09-Jan	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	28	93%	
2	09-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	29	97%	
3	09-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	100%	
4	09-Jan	1	1	1	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	27	90%	
5	10-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	28	93%	
6	10-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	100	
7	10-Jan	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	26	87%	
8	10-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	27	90%	
9	10-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	0	1	1	0	1	1	26	87%	
10	10-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	0	0	1	1	1	1	1	1	1	1	26	87%	
11	11-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	29	97%	
12	11-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	28	93%	
13	11-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	100%	
14	11-Jan	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29	97%	
15	11-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	29	97%	
16	11-Jan	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	28	93%	
17	12-Jan	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29	97%	
18	12-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	29	97%	
19	12-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	28	93%	
20	12-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	100%	
21	12-Jan	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	28	93%
22	13-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	29	97%
23	13-Jan	1	1	1	1	1	1	0	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	27	90%
24	13-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	29	97%
25	13-Jan	0	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	26	87%
26	13-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	29	97%
27	13-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	30	100%
28	16-Jan	0	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	26	87%
29	16-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	29	97%
30	16-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	28	93%
31	16-Jan	0	1	1	1	1	1	1	1	1	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	27	90%
32	16-Jan	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	0	1	0	0	1	1	1	1	1	1	1	1	1	1	1	25	83%
33	16-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	29	97%
34	16-Jan	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	28	93%

[illegible]

அதிகமாக தொலைக்காட்சி பார்க்கும்
குழந்தைகளிடத்தில் உண்டாகும்
எதிர்மறையான விளைவுகளைப் பற்றி
வரையறுக்கப்பட்ட தகவல்



தலைப்பு	:	அதிகமாக தொலைக்காட்சி பார்க்கும் குழந்தைகளிடத்தில் உண்டாகும் எதிர்மறையான விளைவுகள் பற்றிய நலக்கல்வி.
பெறுநர்	:	தாய்மார்கள்.
இடம்	:	கலைஞர் நகர் ,மேடவாக்கம் ,சென்னை.
கற்பிக்கும் முறை	:	விரிவுரையாடல் மற்றும் கலந்துரையாடல்
கற்பிக்கும் மொழி	:	தமிழ்.
ஒலி ஒளி சாதனம்	:	மின்அட்டை, துண்டுபிரசுரம்.
ஆராய்ச்சி வழிகாட்டி	:	திருமதி . ஜா.மேரி, விரிவுரையாளர், துறைத்தலைவர்.
ஆய்வாளர் பெயர்	:	க.ராஜாத்தி.

பொதுவான குறிக்கோள்:

இந்த வகுப்பு முடியும்போது , தாய்மார்கள் அதிகநேரம் தொலைக்காட்சி பார்க்கும் குழந்தைகளிடம் உண்டாகும் விளைவுகளைப் பற்றி அறிவுத்திறன் மற்றும் தவிர்க்கும் நோக்கைப் பற்றி அறிந்து கொள்ளுதல்.

குறிப்பிட்ட குறிக்கோள்:

- தொலைக்காட்சி பார்ப்பதை குறித்து பொதுவான கருத்தைக் குறிப்பிடுதல்.
- தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு ஏற்படக்கூடிய எதிர்மறையான விளைவுகளை வரிசைப்படுத்துதல்.
- தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு உண்டாகும் உடல்நீதியான பிரச்சனைகளை குறிப்பிடுதல்.
- தொலைக்காட்சி பார்ப்பதால் குழந்தைகளுக்கு ஏற்படும் மனநீதியான பிரச்சனைகளை விளக்குதல்.
- குழந்தைகள் அதிக நேரம் தொலைக்காட்சி பார்ப்பதால் உண்டாகும் கற்றல் சம்பந்தமான பிரச்சனைகளை விவரித்தல்.
- அதிகமாக தொலைக்காட்சி பார்க்கும் குழந்தைகளிடம் உண்டாகும் விளைவுகளை தடுக்கும் முறை மற்றும் பெற்றோர் பங்கு பற்றி ஆலோசித்தல் .
- குழந்தைகள் தொலைக்காட்சி பார்ப்பதை குறித்த சட்ட ஒழுங்கை பற்றி விவரித்தல்.

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்- பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்- காணல் கருவி	மதிப்பீடு
			<p>அறிமுகம்:</p> <p>தொலைக்காட்சி ஊடகம் அனைத்து வயது குழந்தைகளின் வாழ்க்கையில் முக்கியமான அங்கம் வகிக்கிறது. குழந்தைகள் தொலைக்காட்சியின் நிகழ்ச்சிகளால் அதிகம் ஈர்க்கப்படுவதோடு மட்டுமல்லாமல், அதை அதிகம் விரும்புகின்றனர். ஆனால் குழந்தைகள் அதிக நேரம் தொலைக்காட்சி பார்ப்பதற்கு உள்ளாகும் போது அது குழந்தைகளின் வளர்ச்சியைப் பாதிக்கிறது. தொலைக்காட்சி பார்ப்பதால் நன்மைகளும் விளைகின்றன. பொழுதுபோக்கு, கல்வி சார்ந்த நிகழ்ச்சிகள் மட்டுமில்லாமல், உலக கலாச்சரத்தை தெரிந்துகொள்ளவும், புதிய யுத்திகளை கையாளவும் கற்றுக்கொள்கிறார்கள். அதிகமாக தொலைக்காட்சி பார்ப்பதால் குழந்தைகளின் உடல்நிலை, மனநிலை மற்றும் வாழ்க்கையும் அதிகமாக பாதிக்கப்படுகிறது. பெற்றோர்கள் குழந்தைகளின் நலத்தை பாதுகாப்பதில் மிகவும் முக்கிய பங்கு வகிக்கிறார்கள்.</p>				

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்- பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்- காணல் கருவி	மதிப்பீடு
1	2 நிமிட ங்கள்	தொலைக்கா ட்சி பார்ப்பதை குறித்து பொதுவான கருத்தைக் குறிப்பிடுதல்	<p>தொலைக்காட்சி பார்ப்பதை குறித்த பொதுவான கருத்து :</p> <p>உலகளவில் நடத்தப்பட்ட கணக்கெடுப்பில் பெரும்பாலான 3 வயதிற்கு உட்பட்ட குழந்தைகள் ஒரு நாளைக்கு சுமார் 2.6 மணி நேரம் தொலைக்காட்சி பார்ப்பதாக தெரியவந்தள்ளது . 2009 ல் இந்தியாவில் நடந்த கணக்கெடுப்பில் தொலைக்கட்சியை விரும்பி பார்ப்பவர்களில் பெரும்பாலானவர்கள் 15 வயதிற்குட்பட்ட குழந்தைகள்.</p> <p>அமெரிக்காவின் குழந்தைகள் ஆய்வகத்தின் படி:</p> <ul style="list-style-type: none"> குழந்தைகள் ஒரு நாளைக்கு ஒன்று முதல் இரண்டு மணி நேரம் மட்டுமே தொலைக்காட்சி பார்ப்பதை அனுமதிக்கவேண்டும். இரண்டு வயதிற்கு உட்பட்ட குழந்தைகள் தொலைக்காட்சி பார்ப்பதை அனுமதிக்காமல், விளையாடுதல், பாடுதல் 	விவரித்தல் மற்றும் கலந்துரையா டல்	கவனித்தல்	மின் அட்டை	தொலைக் காட்சி பார்த்தலின் பொதுவான கருத்தைக் குறிப்பிடுக?

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
			<p>மற்றும் மற்ற குழந்தைகளுடன் பழகாதல் போன்றவற்றை ஊக்குவிக்கவேண்டும்.</p> <ul style="list-style-type: none"> குழந்தைகள் ஒரு வாரத்திற்கு 10 மணி நேரத்திற்கு மேல் தொலைக்காட்சி பார்ப்பதை அனுமதிக்க கூடாது . 				
2.	3 நிமிடங்கள்	தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு ஏற்படக்கூடிய எதிர்மறையான விளைவுகளை வரிசைப்படுத்துதல்	<p>தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு ஏற்படக்கூடிய எதிர்மறையான விளைவுள்:</p> <p>உடல்நீதியான பிரச்சனைகள்:</p> <ul style="list-style-type: none"> பருத்த உடல். தூக்கம் சம்பந்தமான நோய்கள் மற்றும் குறிப்பிட்ட வயதிற்குமுன்பே பருவம் அடைதல். நீரிழிவு மற்றும் இருதயகோளாறுகள். <p>கற்றல் சம்பந்தமான பிரச்சனைகள்:</p> <ul style="list-style-type: none"> கவனக்குறைவு. மனஒருமுகப்படுத்த இயலாமை. குறைந்த கல்வி கற்கும் திறன். <p>மனநீதியான பிரச்சனைகள்:</p> <ul style="list-style-type: none"> வன்முறை. 	விவரித்தல் மற்றும் கலந்துரையாடல்	கவனித்தல்	மின் அட்டை	தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு ஏற்படக்கூடிய எதிர்மறையான விளைவுகள் யாவை?

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
			<ul style="list-style-type: none"> பயம். நடத்தை வேறுபாடுகள். சமுதாயத்திலிருந்து தனிமைப்படுவது. குடிப்பழக்கம் மற்றும் புகைப்பழக்கத்தை கற்றுக்கொளுதல். <p>மற்றவை:</p> <ul style="list-style-type: none"> விளையாட்டில் குறைந்த விருப்பம். பெற்றோருடன் குறைந்த நேரம் செலவிடுதல். பாலுணர்வை தூண்டுதல். 				
3.	10 நிமிடங்கள்	தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு உண்டாகும் உடல் ரீதியான பிரச்சனைகளை குறிப்பிடுதல்.	<p>உடல் ரீதியான பிரச்சனைகள்:</p> <p>உடல் பருமன்:</p> <p>2 மணி நேரத்திற்கு மேலாக தொலைக்காட்சி பார்க்கும் குழந்தைகளில், 17% வயதிற்கு அதிகமான எடையும், 15% இரத்த கொழுப்பும், 1% புகைப்பிடிக்கும் பழக்கமும் உண்டாகிறது.</p> <p>குழந்தை உடல் பருமனால் உண்டாகக்கூடிய விளைவுகள்:</p>	விவரித்தல் மற்றும் கலந்துரையாடல்	கவனித்தல்	மின் அட்டை	தொலைக்காட்சி பார்க்கும் குழந்தைகளுக்கு உண்டாகும் உடல் ரீதியான பிரச்சனைகளை கூறுக?

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
			<p>தொலைக்காட்சி பார்க்கும் போது நொறுக்குத் தீனி உண்ணும் குழந்தைகளின் எடை அவர்களின் வயதை விட அதிகமாவதால் உண்டாகக்கூடிய விளைவுகள்:</p> <ul style="list-style-type: none"> • நீரிழிவு மற்றும் இதய கோளாறு நோய்கள் • குறைந்த சுய மனத்தோற்றம் • குழந்தைகள் தொலைக்காட்சியின் விளம்பரங்களைப் பார்த்து நொறுக்குத்தீனி அதிகமாக உண்ணுவதால் 3 முதல் 17 வயதுள்ள குழந்தைகளுக்கு சர்க்கரை நோய் அதிகமாக காணப்படுகிறது என்று கண்டறியப்பட்டுள்ளது • வாரத்திற்கு இரு முறை சத்தில்லாத உணவுப்பண்டங்கள் , பானங்கள் குடிப்பதால் குழந்தைகளுக்கு உடல் பருமனாகிறது. • கேன்சர். • ஆஸ்துமா. • மூட்டுவலி. • குறைந்த தைராய்டு சுரக்கும் நோய் . • இதய கோளாறுகள் • உறக்கம் சம்பந்தமான நோய்கள் ஏற்பட வாய்ப்புள்ளது. 				

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
			<p>உறக்கம் சம்பந்தமான நோய்கள்:</p> <p>உடலுக்கு தேவையான அளவு உறக்க நேரத்தை தினசரி கடைபிடிப்பது உடல் நலத்திற்கு நல்லது. சிறு குழந்தைகள் முதல் பெரியோர்கள் வரை தொலைக்காட்சி பார்க்கும் பழக்கத்திற்கும் உறக்கம் சம்பந்தமான நோய்க்கும் தொடர்பு உள்ளது என கண்டுபிடிக்கப்பட்டுள்ளது.</p> <p>தொலைக்காட்சியை பார்ப்பதால் குழந்தைகளுக்கு தடைப்பட்ட உறக்கம் உண்டாகக்கூடிய கனவு , கண் தசை இழுபடுதல் போன்ற உறக்கம் சம்பந்தமான நோய்கள் உண்டாகிறது.</p> <p>தொலைக்காட்சி திரையில் வெளிப்படும் கதிர்வீச்சால் ஏற்படக்கூடிய விளைவுகள்:</p> <p>அதிக நேரம் தொலைக்காட்சி திரையை உற்று நோக்குவதால் அதிலிருந்து வெளிப்படும் ஒளி கதிர்வீச்சு .</p> <ul style="list-style-type: none"> • கண் பார்வை குறைக்கும் நோய் • கவனக்குறைவு • மனம் ஒருமுகப்படுத்த இயலாமை • குறைந்த சக்தியை வெளியெற்றி 				

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
			<p>உடல்பருமனை உண்டாக்குகிறது.</p> <ul style="list-style-type: none"> உறக்கத்தை மேம்படுத்தக்கூடிய உடலிலிருந்து சுரக்கக்கூடிய ஹார்மொனை குறைத்து உறக்கம் சம்பந்தமான நோய் உண்டாகிறது. மெலடொனின் குறைவதால் பெண்குழந்தைகள் சதாரண வயதை அடைவதற்குள் பருவம் அடையும் வாய்ப்பை ஏற்படுத்துகிறது. 				
4	10 நிமிடங்கள்	தொலைக்காட்சி பார்ப்பதால் குழந்தைகளுக்கு ஏற்படும் மன ரீதியான பிரச்சனைகளை விளக்குதல்	<p>மன ரீதியான பிரச்சனைகள்: வன்முறை ; அமெரிக்காவின் குழந்தைகள் ஆய்வகத்தின் படி, குழந்தைகளிடத்தில் காணப்படும் சண்டையிடுதல் பழக்கத்திற்கான காரணம் வன்முறை நிகழ்ச்சிகளை தொலைக்காட்சியில் பார்ப்பது என கண்டறியப்பட்டுள்ளது.</p> <p>எட்டு வயதிற்குட்பட்ட குழந்தைகள் உண்மை மற்றும் கற்பனையை பிரித்து பார்க்கும் தன்மை இல்லாததால் இந்த வயது குழந்தைகளை வன்முறை நிகழ்ச்சிகள் பெரிதும் பாதிக்கிறது. இதனால் இக்குழந்தைகள்</p>	விவரித்தல் மற்றும் கலந்துரையாடல்	கவனித்தல்	மின் அட்டை	தொலைக்காட்சி பார்ப்பதால் குழந்தைகளுக்கு ஏற்படும் மன ரீதியான பிரச்சனைகள் யாவை?

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்- பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்- காணல் கருவி	மதிப்பீடு
			<ul style="list-style-type: none"> வன்முறையாளர்களாகவும். மற்ற குழந்தைகளை அடிப்பது. ஏளனம் செய்வது. பொம்மைகளை உடைப்பது. விலங்குகளை துன்புறுத்துவது. மற்ற குழந்தைகள் செய்ய வேண்டியதை கட்டளையிடுவது . பார்க்கும் கதைகள் மற்றும் நிகழ்ச்சிகளை பெரிதாக உருவகப்படுத்தி சொல்வது. தற்கால கலாச்சாரத்தை பின்பற்றுவது போன்ற தீய விளைவுகளுக்கு ஆளாகின்றனர். <p>பயம்:</p> <p>வன்முறை மற்றும் பயமுறுத்தும் திரைப்படங்களை பார்க்கும் பொழுது முக்கியமாக பெண் குழந்தைக்கு உலக வாழ்க்கை சார்ந்த பயம் உண்டாகிறது. அவர்கள் உலகத்தை பயநோக்குடன் பார்க்கின்றனர். அக் குழந்தைகள்</p> <ul style="list-style-type: none"> இருட்டு மற்றும் தனிமையாக இருத்தலைக் கண்டு அஞ்சுவர். 				

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்- பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்- காணல் கருவி	மதிப்பீடு
			<ul style="list-style-type: none"> எப்பொழுதும் கவலையுடன் காணப்படுவார்கள். மற்றவர்களுடன் பழகுவதற்கு அஞ்சுவர். தீய கனவுகளைக் கண்டு அஞ்சுவார்கள். <p>வன்முறை நிகழ்ச்சியைக் காணும் குழந்தைகளிடத்தில் விளையும் முக்கிய மூன்று விளைவுகள்:</p> <ul style="list-style-type: none"> மற்றவருடைய கவலை, கஷ்டங்களை புரிந்து கொள்ள இயலாதவர்களாக இருப்பர். குழந்தைகள், மற்ற குழந்தைகளிடம் சண்டையிடும் பழக்கத்திற்கு ஆளாவர். <p>நடத்தை மாற்றங்கள்:</p> <p>குழந்தைகள் அதிக நேரம் தொலைக்காட்சியில் செலவிடுவதால் நண்பர்கள் மற்றும் பெற்றொருடனான தொடர்பு குறைகிறது.இதனால்.</p> <ul style="list-style-type: none"> சமுதாயத்திலிருந்து தனிமைப்படுதல் மற்றவர்கள் மீது பயம். சமுதாயத்திற்கு எதிரான நிகழ்வுகளில் ஈடுபட வாய்ப்புள்ளது. 				

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
			<p>புகைப்பிடித்தல் மற்றும் மது பழக்கம்:</p> <p>பெரும்பாலான வாலிப குழந்தைகளிடம் காணப்படும் புகைப்பிடித்தல் பழக்கத்திற்குக் காரணம் திரைப்படங்கள் என ஆய்வாளர்கள் தெரிவிக்கின்றனர், மற்றும் இளவயதில் புகைப்பிடித்தல் பழக்கத்தை கற்றுக்கொள்கின்றனர். இதனால் இந்தியாவில் டெல்லி உச்ச நீதி மன்றம், தொலைக்கட்சிகளின் புகைப்பிடித்தலை தடுக்கும் சட்டத்தை ஜனவரி 23, 2009 ல் ஆணை பிறப்பித்தது.</p> <p>அது மட்டும் அல்லாமல் மது பானம் பற்றிய விளம்பரங்கள் வாலிப குழந்தைகள் பெரிதும் கவர்ந்து அதனால் அப்பழக்கத்திற்கு ஆளாகின்றனர்.</p>				
5	5 நிமிடங்கள்	குழந்தைகள் அதிகநேரம் தொலைக்காட்சி பார்ப்பதால் உண்டாகும்	<p>கற்றல் சம்பந்தமான பிரச்சனை:</p> <p>அமெரிக்க குழந்தை நல ஆய்வுக்கூடம், குழந்தைகள் ஒரு நாளைக்கு 2 மணி நேரத்திற்கு மேலாக தொலைக்காட்சி பார்ப்பதை தவிக்க வேண்டும் என வலியுறுதுகின்றனர்.</p> <p>ஏனென்றால்</p>	விவரித்தல் மற்றும் கலந்துரையாடல்	கவனித்தல்	மின் அட்டை	குழந்தைகள் அதிகநேரம் தொலைக்காட்சி பார்ப்பதால் உண்டாகும்

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
		கற்றல் சம்பந்தமான பிரச்சனைகளை விவரித்தல்	<ul style="list-style-type: none"> இது படிப்பு நேரத்தை குறைக்கிறது விளையாட்டில் விருப்பத்தை குறைக்கிறது பள்ளிக்கூட நிகழ்ச்சிகளில் பங்குபெறுவதை குறைக்கிறது பொது அறிவை உயர்த்தும் நோக்கைக் குறைக்கிறது. <p>அதிகமாக தொலைக்காட்சி காணும் குழந்தைகளிடம் காணப்படும் கல்வியறிவு குறைப்பாட்டிற்கான காரணம்:</p> <ul style="list-style-type: none"> பகல் கனவு கவனச்சிதைவு மற்றும் கவனம் சிதைத்தல் குறைந்த படிப்பு நேரம். <p>அது மட்டுமில்லாமல் 1 முதல் 3 வயதுள்ள குழந்தைகளின் மன வளர்ச்சியை குறைக்கிறது. கவனக்குறைவு நோய், கற்பனை வளம் குறைவு, முடிவெடுக்கும் திறன் இயலாமையை உண்டாக்குகிறது.</p>				கற்றல் சம்பந்தமான பிரச்சனைகளை கூறுக?

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
6	10 நிமிடங்கள்	அதிகமாக தொலைக்காட்சி பார்க்கும் குழந்தைகளிடம் உண்டாகும் விளைவுகளை தடுக்கும் முறை மற்றும் பெற்றோர் பங்கு பற்றி ஆலோசித்தல்	<p>அதிகமாக தொலைக்காட்சி பார்க்கும் குழந்தைகளிடம் உண்டாகும் விளைவுகளை தடுக்கும் முறை மற்றும் பெற்றோர் பங்கு:</p> <ul style="list-style-type: none"> ➤ பெற்றோர் தொலைக்காட்சி பார்க்கும் அளவு குழந்தைகளின் தொலைக்காட்சி பார்க்கும் பழக்கத்தை நிர்ணயிக்கிறது. ➤ குழந்தைகள் தேர்ந்தெடுக்கப்பட்ட நிகழ்ச்சிகளை ஒரு நாளைக்கு 2 மணி நேரம் வரை பார்ப்பதற்கு அனுமதிக்கவும். ➤ குழந்தைகளின் படுக்கையறையில் தொலைக்காட்சி பெட்டி வைப்பதை தவிக்கவும். ➤ 2 வயதிற்குட்பட்ட குழந்தைகள் தொலைக்காட்சி பார்ப்பதை முற்றிலுமாக தவிர்ப்பது மட்டுமல்லாது , அவர்களின் மனவளர்ச்சியை தூண்டக்கூடிய செயல்களை ➤ (விளையாடுதல், பேசுதல், பாடுதல், படித்தல், தோட்டக்கலை) ஊக்குவிக்கவும். ➤ குழந்தைகள் பார்க்கும் தொலைக்காட்சி நிகழ்ச்சிகளில் கவனம் செலுத்துக, மற்றும் அவர்கள் காணும் நிகழ்ச்சிகள் கல்வி 	விவரித்தல் மற்றும் கலந்துரையாடல்	கவனித்தல்	துண்டு பிரசுரம்	அதிகமாக தொலைக்காட்சி பார்க்கும் குழந்தைகளிடம் உண்டாகும் விளைவுகளை தடுத்தலில் பெற்றோரின் பங்கு என்ன?

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்- பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்- காணல் கருவி	மதிப்பீடு
			<p>சம்பந்தமாகவும் ,தகவல்மிக்கதாகவும் , வன்முறையற்றதாகவும் இருத்தல் வேண்டும்.</p> <ul style="list-style-type: none"> ➤ பெற்றோர்,குழந்தைகளுடன் தொலைக்காட்சி பார்த்து நிகழ்ச்சிகளின் பொருளடக்கத்தை விளக்கவும். ➤ குழந்தைகள் தொலைக்காட்சி பார்க்கும் நேரத்தை தவிக்க மற்ற நிகழ்ச்சிகளில் (விளையாட்டு, படிப்பு ஈடுபடுத்தவும்) ➤ குழந்தைகள் பார்க்க வேண்டிய நிகழ்ச்சிகளை தேர்ந்தெடுத்து கண்காணிக்கும் முறையை கடைப்பிடிக்கவும். ➤ குழந்தைகள் சண்டை காட்சியை பார்த்து மற்ற குழந்தைகளிடம் பயிற்சி செய்யும் பொழுது தடுக்கவும் ➤ குழந்தைகளிடம் உண்மை மற்றும் கற்பனையை பற்றி ஆலோசிக்கவும் ➤ பெற்றோர் தொலைக்காட்சி பார்க்கும் நேரம் மற்றும் நிகழ்ச்சிகளின் பழக்கத்தில் முன்னோடியாக இருக்கவும் ➤ வாரத்திற்கு 10 மணி நேரத்திற்கு மேல் தொலைக்காட்சி பார்க்கும் குழந்தைகளின் 				

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்- பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்- காணல் கருவி	மதிப்பீடு
			<p>கல்வியறிவு திறன் குறைவதை கண்காணிக்கவும் .</p> <ul style="list-style-type: none"> ➤ குழந்தைகளிடம் ஆரோக்கிய உணவுகளின் முக்கியத்துவம் பற்றி ஆலோசிக்கவும் . ➤ யாரும் தொலைக்காட்சி பார்க்காத நேரத்தில், தொலைக்காட்சி பெட்டியை அமர்த்தி வைக்கவும். ➤ பெற்றோர் சில தொலைக்காட்சி நிகழ்ச்சிகளை தவிர்க்க தொலைக்காட்சி வரிசை முறையை உபயோகிக்கவும் ➤ நொறுக்கு தீனி மற்றும் சத்தில்லாத திண்பண்டங்களில் உண்டாகக்கூடிய விளைவுகளை குழந்தைகளுக்கு தெரிவிக்கவும். ➤ குழந்தைகளுடன் அதிக நேரத்தை பேசுவதில் செலவிடவும். 				

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
7	5 நிமிடங்கள்	குழந்தைகள் தொலைக்காட்சி பார்ப்பதை குறித்த சட்ட ஒழுங்கு பற்றி விவரித்தல்	<p>குழந்தைகள் தொலைக்காட்சி பார்ப்பதை குறித்த சட்ட ஒழுங்கு:</p> <p>குழந்தைகள் கல்விச் சட்டம் 1992 ல் பிறப்பிக்கப்பட்ட ஆணையில் வாரத்திற்கு 3 மணி நேரம் கட்டாயம் தொலைக்காட்சி குழந்தைகளுக்காக கல்வி மற்றும் தகவல் தொடர்பான நிகழ்ச்சிகளை வழங்க வேண்டும் எனக் குறிப்பிட்டுள்ளது.</p> <p>அனைத்து தொலைக்காட்சி சேனல்களும் விளம்பர கோட்பாட்டை பின்பற்ற வேண்டும், அதாவது</p> <ul style="list-style-type: none"> • 30 நிமிட நிகழ்ச்சியில் 7.2 நிமிடம் மட்டும் விளம்பரத்திற்காக ஒதுக்க வேண்டும். • புகையிலை மற்றும் மது சம்பந்தமான விளம்பரங்கள் நமது நாட்டின் சட்டபடி அமைய வேண்டும் . • வியாபார , நோக்கில் பெண்களை தாழ்த்தியோ , (அ) குழந்தைகளின் பாதுகாப்பை குலைக்கும் வகையிலோ விளம்பரம் செய்யக்கூடாது. • தொலைக்காட்சி வரிசை முறையை அனைவரும் பயன்படுத்தும் முறை பற்றி 	விவரித்தல் மற்றும் கலந்துரையாடல்	கவனித்தல்	துண்டு பிரசுரம்	குழந்தைகள் தொலைக்காட்சி பார்ப்பதை குறித்த சட்ட ஒழுங்கு முறைகள் யாவை?

வரிசை எண்	நேரம்	குறிப்பிட்ட குறிக்கோள்	பொருளடக்கம்	ஆசிரியர் செயல்-பாடு	தாய்மார்கள் செயல்பாடு	கேட்டல்-காணல் கருவி	மதிப்பீடு
			<p>செய்தித்தாள் மற்றும் தொலைக்கட்சியில் அறிவிக்கப்பட்ட வேண்டும் .</p> <ul style="list-style-type: none"> புகைப்பிடித்தல், மது அருந்துதல் உடல் நலத்திற்கு கேடு என்பதை தொலைக்காட்சியில் அறிவிக்கப்பட வேண்டும். 				

முடிவுரை:

இது வரை நாம் , தொலைக்காட்சியை அதிகநேரம் பார்ப்பதால் குழந்தைகளுக்கு ஏற்படும் உடல்ரீதியான பிரச்சனைகள், கற்கும் திறன் பிரச்சனைகள், அவ்விளைவுகளை தடுக்க பயன்படும் பெற்றோரின் பங்குகளைப் பற்றி ஆலோசனை செய்தோம் தொலைக்காட்சி விளம்பரம் மற்றும் பொழுதுபோக்கு சாதனமாக மட்டுமில்லாமல் மக்களின் ஆரோக்கியத்தை மேம்படுத்தும் சாதனமாக பயன்படுத்தவும் முக்கியமாக குழந்தைகளுக்கு பயன்படும் வகையில் நிகழ்ச்சிகளை தொகுக்கவும் , பல பள்ளிகளில் தொலைக்காட்சியின் எதிர்மறையான விளைவுகள் பற்றி விழிப்புணர்வை உண்டாக்கினால் இதனால் உண்டாக்கக்கூடிய விளைவுகளைத் தடுக்கலாம்.

CERTIFICATE OF ENGLISH EDITING

This is to certify that the dissertation work topic "A study to assess the effectiveness of structured teaching programme regarding knowledge on impact of excess television viewing among mothers of school age children at Medavakkam rural area, Chennai" done by Mrs. RAJATHI.K, M. Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 was edited for English language appropriateness.

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எம்.ஏ., பி.எட்., எம்.ஃப்.இல்.,
தமிழாசிரியை.
நகராட்சி மேலநிலைப் பள்ளி.
திருவண்ணாமலை மாவட்டம்

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- ஜி. விஜயநிர்மலா, கே. ராஜாத்தி மற்றும் ஜி. கீர்த்தி செவிலிய
கல்லூரி மாணவ மற்றும் மாணவிகள் - 02.01.2018 முதல் 27.01.2018
வரை மேடவாக்கம் அரசு ஆரம்ப சுகாதார நிலையம் மற்றும் சுற்றியுள்ள
பகுதிகளில் கல்வி பயில அனுமதி - வழங்குவது - சம்மந்தமாக.

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மு.மு.எண். 7187-க1-2017 நாள்: 07.12.2017 .

பார்வையில் கண்டுள்ள கடிதத்தில் பயிற்சி பயில அனுமதி
வழங்கப்பட்டதை தொடர்ந்து முகவரியில் கண்டுள்ள செவிலிய கல்லூரி மாணவ மற்றும் மாணவிகள்
மேடவாக்கம் மற்றும் கலைஞர் நகர் சுற்றியுள்ள பகுதிகளில் இந்நிலைய அன்றாட பணிகளுக்கு
இடையூறு நிகழா வண்ணம் கல்வி பயில அனுமதி வழங்கப்படுகிறது.


வட்டாரமருத்துவ அலுவலர்
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மேடவாக்கம், சென்னை - 600 100

ஜி.கீ. 8-12-17

பெறுநர்

- 1) ஜி. விஜயநிர்மலா, செவிலியர், செவிலியர் கல்லூரி, சென்னை மருத்துவக் கல்லூரி, சென்னை - 03.
- 2) கே. ராஜாத்தி, செவிலியர், செவிலியர் கல்லூரி, சென்னை மருத்துவக் கல்லூரி, சென்னை - 03.
- 3) ஜி. கீர்த்தி, செவிலியர், செவிலியர் கல்லூரி, சென்னை மருத்துவக் கல்லூரி, சென்னை - 03

நகல் சமர்ப்பிக்கப்படுகிறது.

முதல்வர், செவிலியர் கல்லூரி, சென்னை மருத்துவக் கல்லூரி, சென்னை - 03.
துணை இயக்குநர் சுகாதாரப்பணிகள் அவர்கள், சைதாப்பேட்டை.

மு.மு.எண்-7187/க1/2017

துணை இயக்குநர் சுகாதாரப்பணிகள்,
செங்கல்பட்டு, காஞ்சிபுரம் மாவட்டம்.

நாள்- 07.12.2017

பொருள்- பொது சுகாதாரம் - சென்னை மருத்துவக் கல்லூரி - MSc (N) II Year
ஜி.விஜயநிர்மலா, கே.ராஜாத்தி மற்றும் ஜி.கீர்த்தி செவிலிய
கல்லூரி மாணவ மற்றும் மாணவிகள் 02.01.2018 முதல் 27.01.2018 வரை
மேடவாக்கம் அரசு ஆரம்ப சுகாதார நிலையத்தில் பயிற்சி பெற அனுமதி
- வழங்குவது - சம்மந்தமாக.

பார்வை- முதல்வர், சென்னை மருத்துவக் கல்லூரி அவர்களின் 06.12.2017 நாளிட்ட
கடிதம்.

பார்வையில் கண்டுள்ள கடிதத்தில், சென்னை மருத்துவக் கல்லூரியில் பயிலும் MSc (N)
II Year ஜி.விஜயநிர்மலா, கே.ராஜாத்தி மற்றும் ஜி.கீர்த்தி செவிலிய கல்லூரி மாணவ மற்றும்
மாணவிகளுக்கு மகபேறுக்கு முன், பின் கவனிப்பு மற்றும் பிரசவத்திற்கு பின் தாய் சேய் நலம்
குறித்து நோயால் பாதிக்கப்பட்டவர்களுக்கு பரிசோதனை வழங்குவது குறித்து பள்ளி சிறார் சுகாதார
திட்டம் சம்மந்தமாக மேடவாக்கம் மற்றும் கலைஞர் நகர் சுற்றியுள்ள பகுதிகளில் கல்வி பயில
அனுமதி வழங்க கோரப்பட்டுள்ளது.

அதன்படி மேற்கூறப்பட்ட செவிலிய மாணவிகள் அவர்களது பயிற்சியினை
மேடவாக்கம் அரசு ஆரம்ப சுகாதார நிலையத்தில் மேற்கொள்ள அனுமதி வழங்கப்படுகிறது.

மேடவாக்கம் அரசு ஆரம்ப சுகாதார நிலையத்தின் அன்றாட பணிகளுக்கு இடையூறு
ஏற்படா வண்ணம் மேற்கண்ட பொருள் குறித்து செவிலிய மாணவ மற்றும் மாணவிகள் பயிற்சி
பெற அனுமதிக்குமாறு மேடவாக்கம் அரசு ஆரம்ப சுகாதார நிலைய முதன்மை குடிமை மருத்துவ
அலுவலர் கேட்டுக்கொள்ளப்படுகிறார்.

துணை இயக்குநர் சுகாதாரப் பணிகள்
செங்கல்பட்டு, காஞ்சிபுரம் மாவட்டம்.

பெறுநர்- ஜி.விஜயநிர்மலா, கே.ராஜாத்தி மற்றும் ஜி.கீர்த்தி

(முதல்வர், செவிலியர் கல்லூரி, சென்னை மருத்துவ கல்லூரி, சென்னை - 03 மூலமாக)

நகல்-

1.முதல்வர், செவிலியர் கல்லூரி, சென்னை மருத்துவ கல்லூரி, சென்னை - 03.

2.முதன்மை குடிமை மருத்துவ அலுவலர், அரசு ஆரம்ப சுகாதார நிலையம், மேடவாக்கம் .

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs.K. RAJATHI, (M.Sc. Nursing) II-year student ,College of Nursing, Madras Medical College which is to be used in her study titled,“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON IMPACT OF EXCESS TELEVISION VIEWING AMONG MOTHERS OF SCHOOL AGE CHILDREN AT MEDAVAKKAM RURAL AREA, CHENNAI.” has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Name : Dr.Zealous Mary, M.Sc(N)., PhD.,
Designation : HOD & Professor
Department of Child Health Nursing,
College : College of Nursing, Madras Medical Mission, Chennai

Place : Chennai
Date : 20/12/17


Signature with seal
HOD-CHILD HEALTH NURSING
MMM COLLEGE OF NURSING
No. 131, SAKTHI NAGAR,
NOLAMBUR,
CHENNAI - 600 095.



CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs.K. RAJATHI, (M.Sc. Nursing) II-year student, College of Nursing, Madras Medical College which is to be used in her study titled, **“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON IMPACT OF EXCESS TELEVISION VIEWING AMONG MOTHERS OF SCHOOL AGE CHILDREN AT MEDAVAKKAM RURAL AREA, CHENNAI.”** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.



Signature with seal

Name : Mrs.R.Dhanalakshmi,Msc(N),
Designation : Associate Professor
College :Billrothcollege of nursing

BILLROTH COLLEGE OF NURSING
NO.2, METTUKUPPAM ROAD
MADURAVOYAL,
CHENNAI 600 095

Place : Chennai
Date :



**INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
Rajathi.K.
M.Sc. (N) I Year Student
College of Nursing
Madras Medical College
Chennai 600 003

Dear Rajathi.K,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE ON IMPACT OF EXCESS TELEVISION VIEWING AMONG MOTHERS OF SCHOOL AGE CHILDREN AT MEDAVAKKAM RURAL AREA, CHENNAI" - NO.13072017**

The following members of Ethics Committee were present in the meeting hold on **11.07.2017** conducted at Madras Medical College, Chennai 3

- | | |
|---|----------------------|
| 1. Prof.Dr.C.Rajendran, MD., | : Chairperson |
| 2. Prof.R.Narayana Babu,MD.,DCH.,Dean,MMC,Ch-3 | : Deputy Chairperson |
| 3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3 | : Member Secretary |
| 4. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3 | : Member |
| 5. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC | : Member |
| 6. Prof.Rema Chandramohan,Prof.of Paediatrics,ICH,Chennai | : Member |
| 7. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3 | : Member |
| 8.Thiru S.Govindasamy, BA.,BL,High Court,Chennai | : Lawyer |
| 9.Tmt.Arnold Saulina, MA.,MSW., | : Social Scientist |
| 10.Tmt.J.Rajalakshmi, JAO,MMC, Ch-3 | : Lay Person |

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary - Ethics Committee

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE
CHENNAI-600 003

CERTIFICATE OF TAMIL EDITING

This is to certify that the dissertation work topic "A study to assess the effectiveness of structured teaching programme regarding knowledge on impact of excess television viewing among mothers of school age children at Medavakkam rural area, Chennai" done by Mrs. RAJATHI.K, M. Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03, was edited for Tamil language appropriateness.

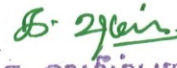
NAME : K. SHAMEEM BANU, M.A, B.Ed, M.Phil

DESIGNATION : B.T. ASST (TAMIL)

DATE : 14.06.2018.

PLACE : THIRUVANNAMALAI

SIGNATURE WITH SEAL :


க. ஷமீம் பானு.
பி. ஏ. பி. எட். எம். பி. டி.
தமிழாசிரியை.
நகராட்சி மேலாண்மைப் பணி.
திருவண்ணாமலை

Chapter - I

Introduction



Chapter - III

Review of Literature



Chapter - III

Research Methodology



Chapter - IV

Data Analysis & Interpretation



Chapter - VIII

Summary, Implication, Conclusion



Chapter - 8

Discussion



References



Appendices



அதிகமாக தொலைக்காட்சி பார்க்கும்
குழந்தைகளிடத்தில் உண்டாகும் எதிர்மறையான
விளைவுகளை பற்றி தாய்க்கு நலக்கல்வி அளித்தல்.



உடல் பருமன்



உடல் பருமனால் உண்டாகும் விளைவுகள்

(இதயகோளறுகள்,நீரிழிவு வியாதிகள் மற்றும் குறைந்தசுய மனதோற்றம்)



உறக்கம் சம்பந்தமான நோய்கள்

(தடைப்பட்ட உறக்கம்)



பயம் மற்றும் கவனக்குறைவு



பார்வை குறைபாடுகள்



மனரீதியான பிரச்சனைகள்

கட்டளையிடுதல்



மற்ற குழந்தைகளை அடித்தல்



விலங்குகளை துன்புறுத்தல்



பார்க்கும் கதைகள் மற்றும் நிகழ்ச்சிகளை பெரிதாக
உருவகப்படுத்தி சொல்வது.



சண்டையிடுதல்



பொம்மைகளை உடைத்தல்



நடத்தை மாற்றங்கள்

போதைப்பழக்கம்



புகைப்பிடித்தல்



கற்றல் சம்பந்தமான பிரச்சனைகள்

முடிவெடுக்கும் திறன்



படித்தலில் தடுமாற்றம்



பகல் கனவு



கவனச்சிதைவு



குறைந்த படிப்புநேரம்



பள்ளிக்கூட நிகழ்ச்சிகளில் விருப்பம் இல்லாமை



விளையாட்டில் விருப்பம் இல்லாமை



பயம்

இருட்டைக் கண்டு பயப்படுதல்



மற்றவர்களுடன் பழக பயப்படுதல்



தனிமைப்படுத்துதல்



Figure 2.1 Conceptual framework based on Modified Imogene Kings Goal Attainment Theory (2011)

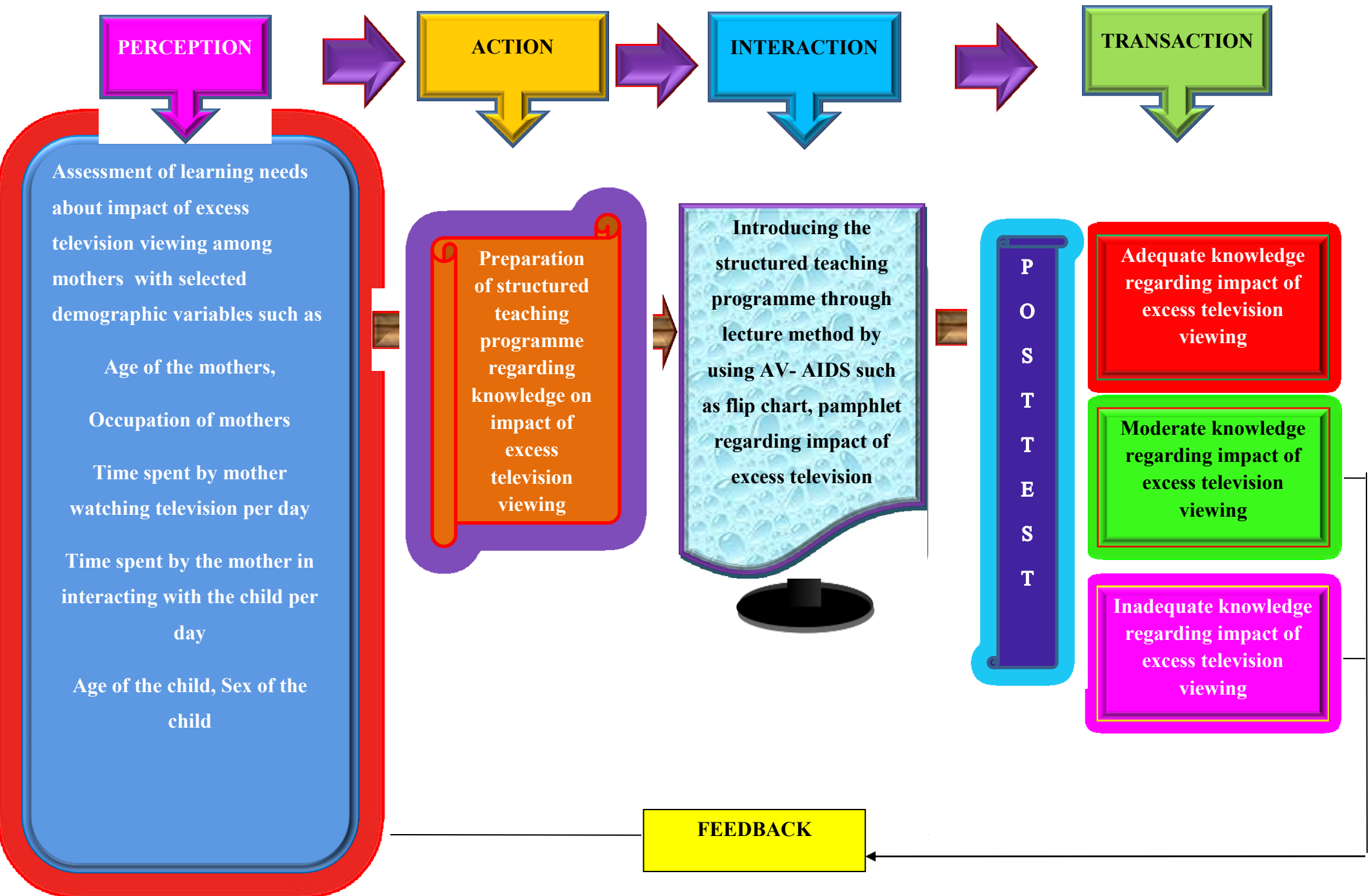


FIG-3.1: SCHEMATIC PRESENTATION OF THE STUDY

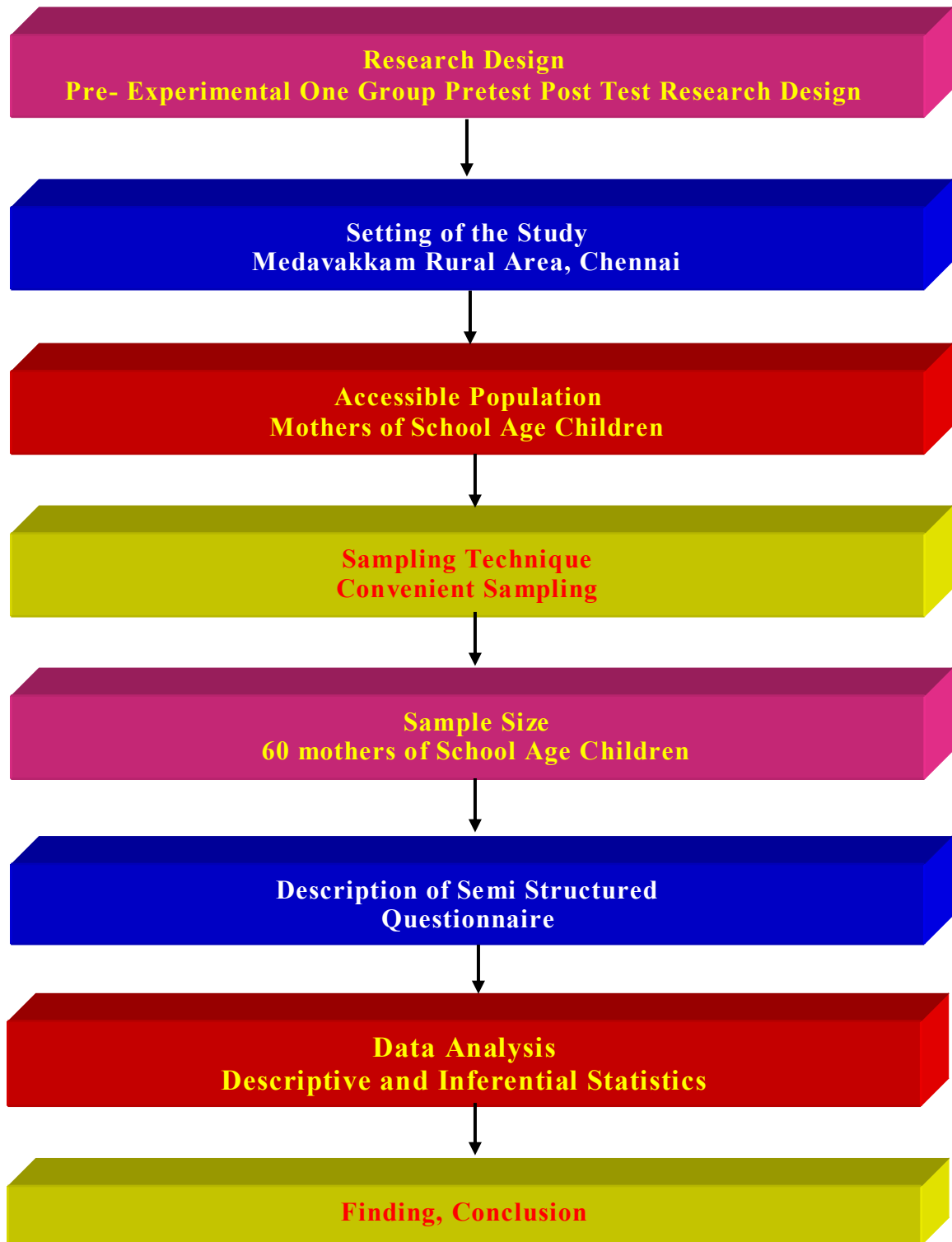


Fig-4.1: Age Distribution of Mothers of the School Age Children

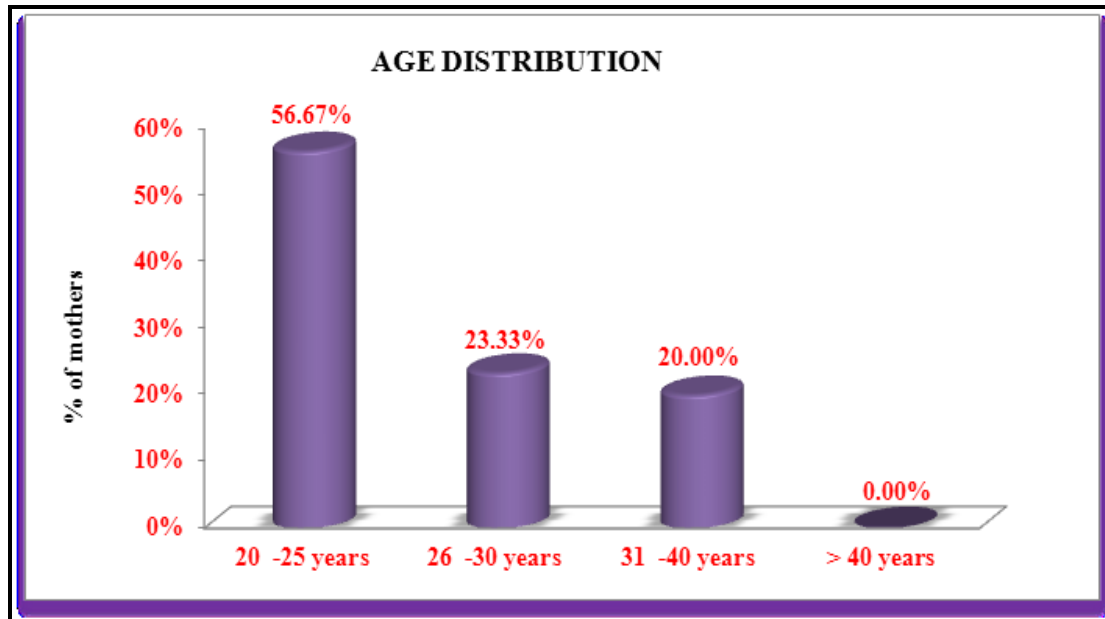


Fig-4.2 Percentage Distribution of Occupational Status of Mothers

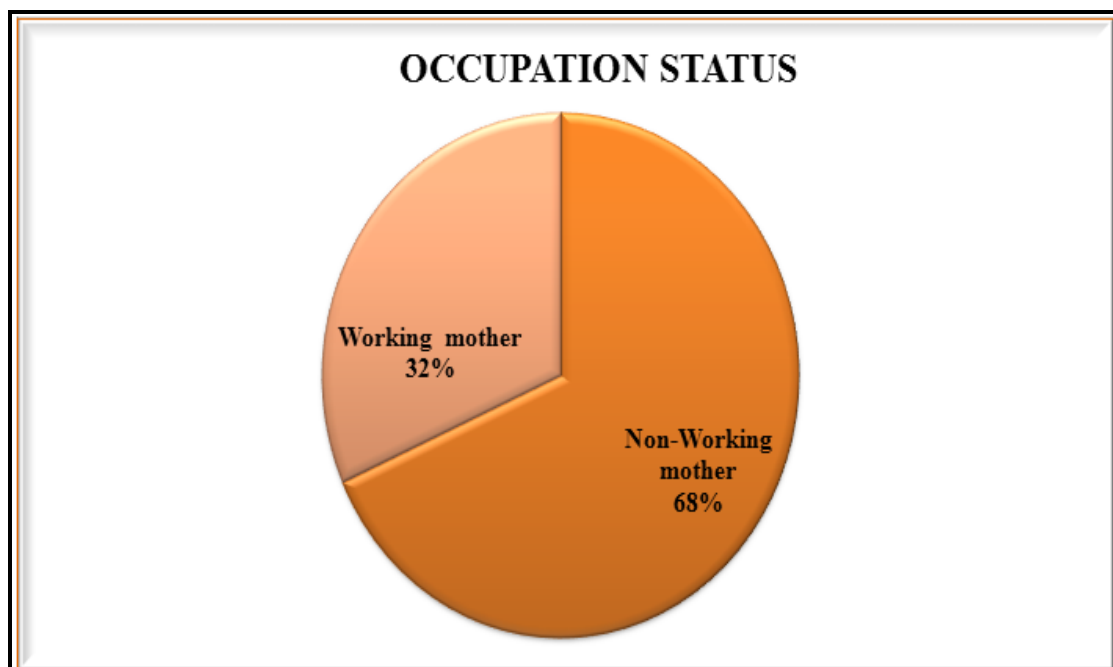


Fig-4.3: Percentage Distribution of Time Spent by Mother in Viewing Television Per Day

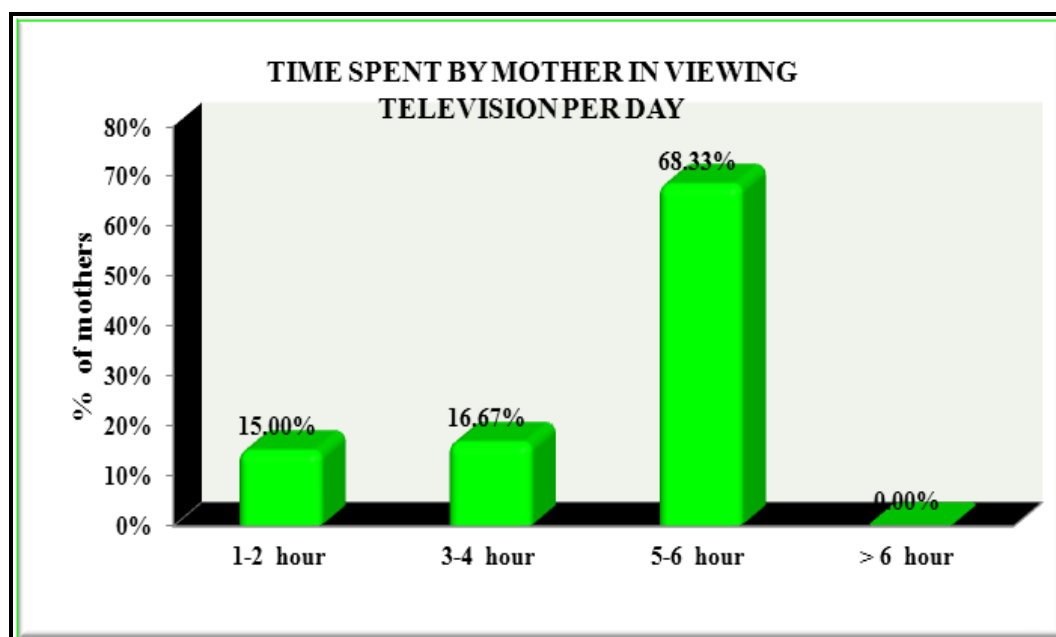


Fig-4.4: Percentage Distribution of Time Spent by Mother in Interacting with the Child Per Day

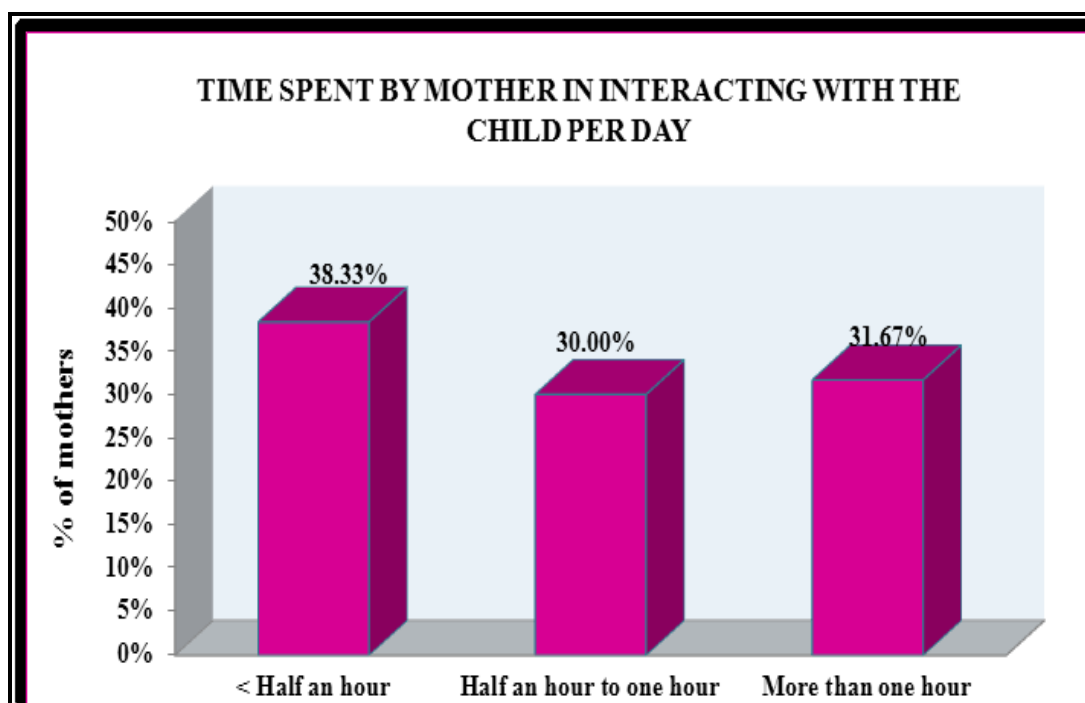


Fig-4.5: Percentage Distribution of Age of the Child

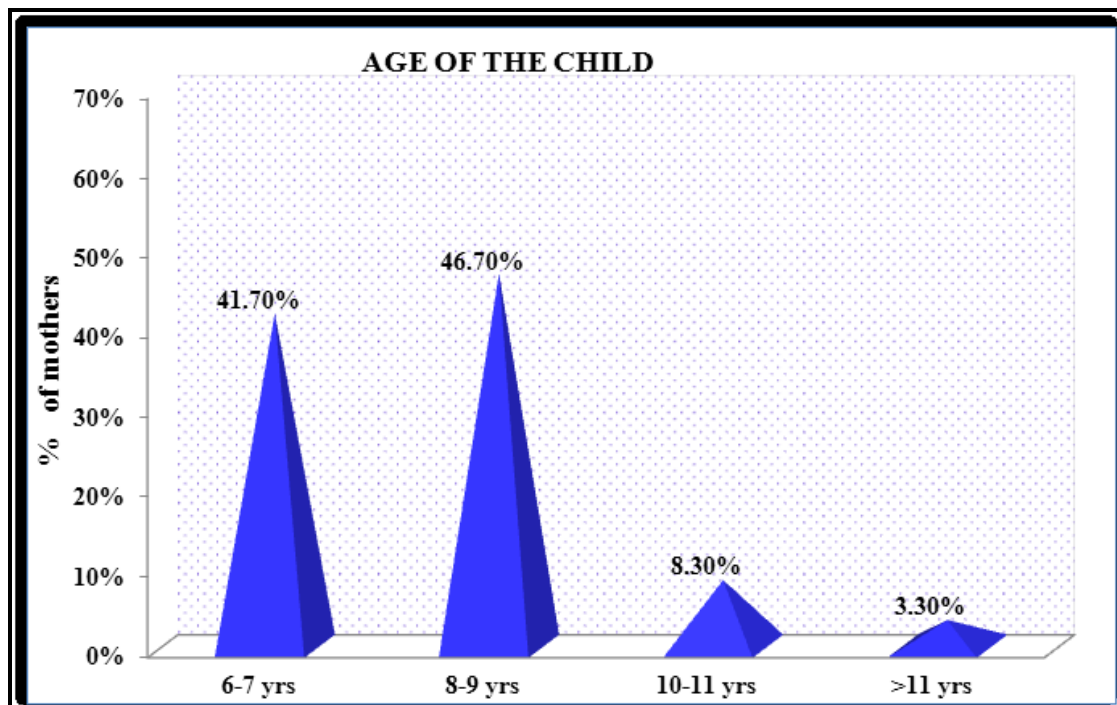


Fig-4.6: Percentage Distribution of Gender of the Child

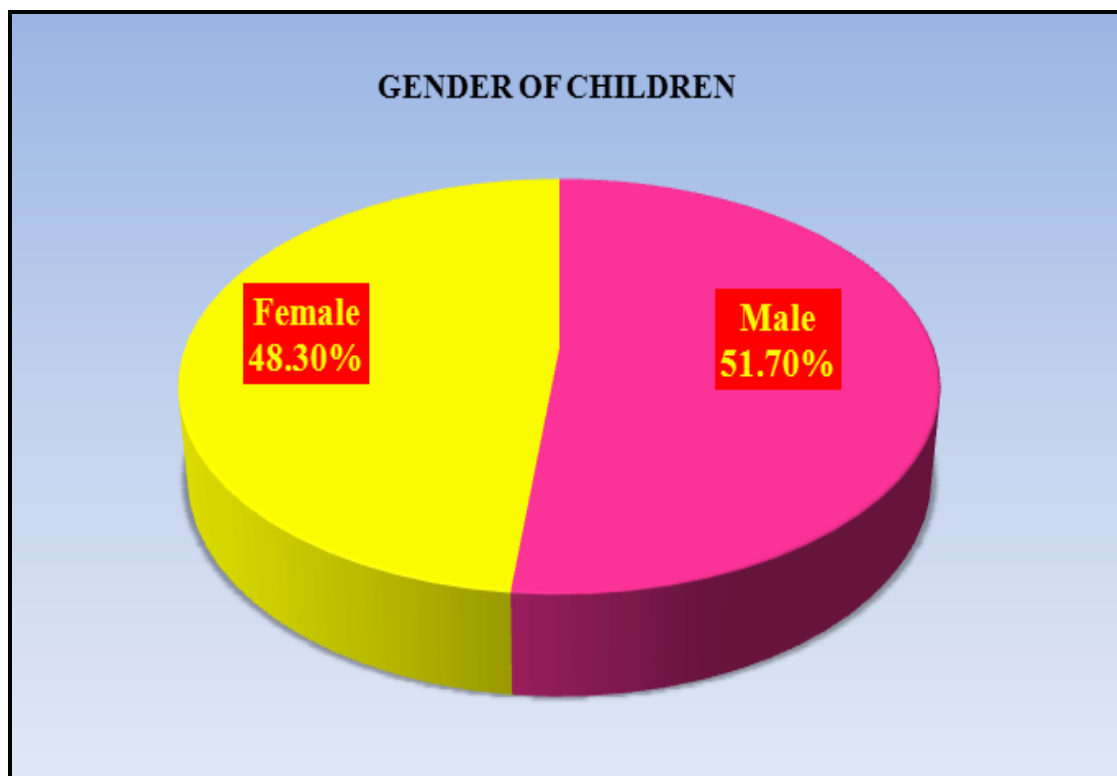


Fig-4.7: Percentage Distribution of Pretest Level of Knowledge score

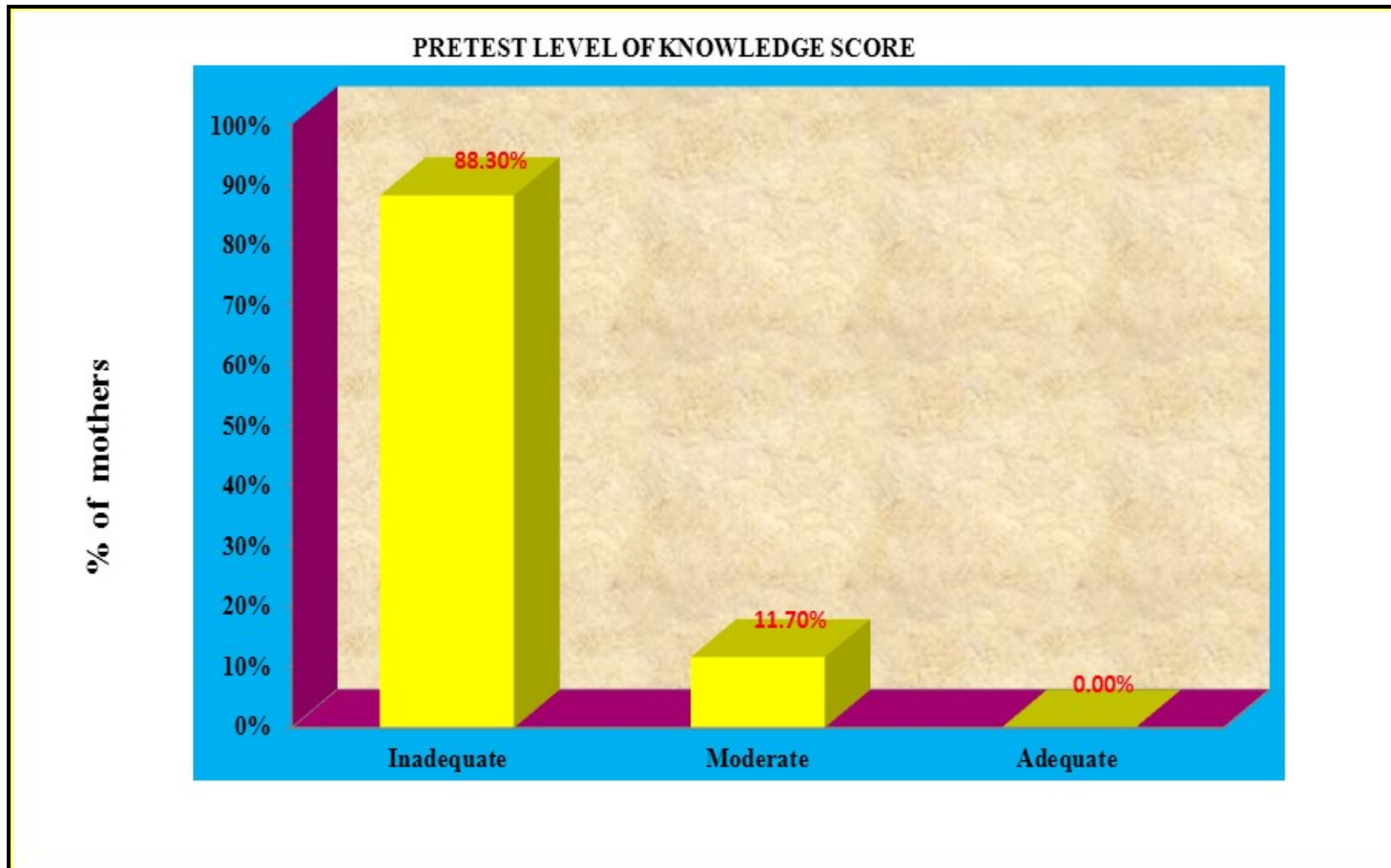


Fig-4.8: Percentage Distribution of Post Test Level of the Knowledge Score

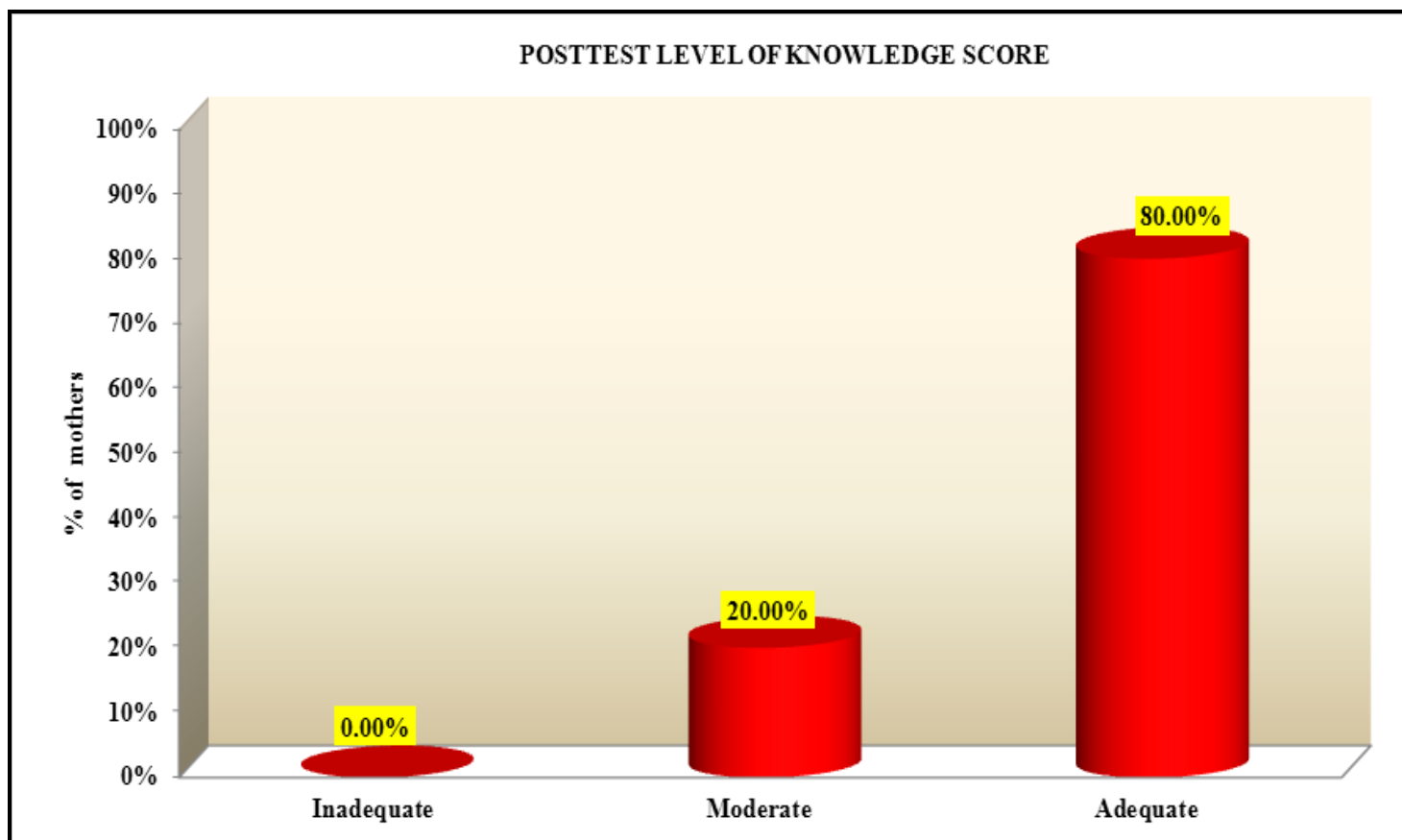


Fig-4.9: Box Plot Compares the Mothers Pretest and Posttest Knowledge Score

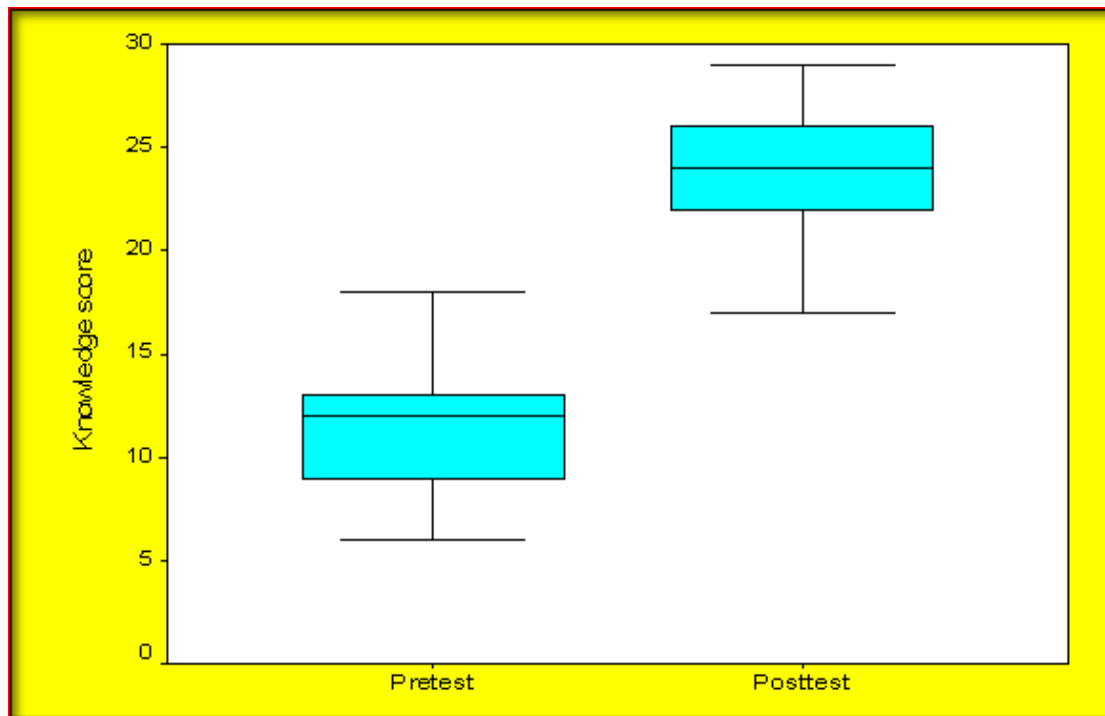


Fig-4.10: Percentage Distribution of Pretest and Posttest Level of the Knowledge Score

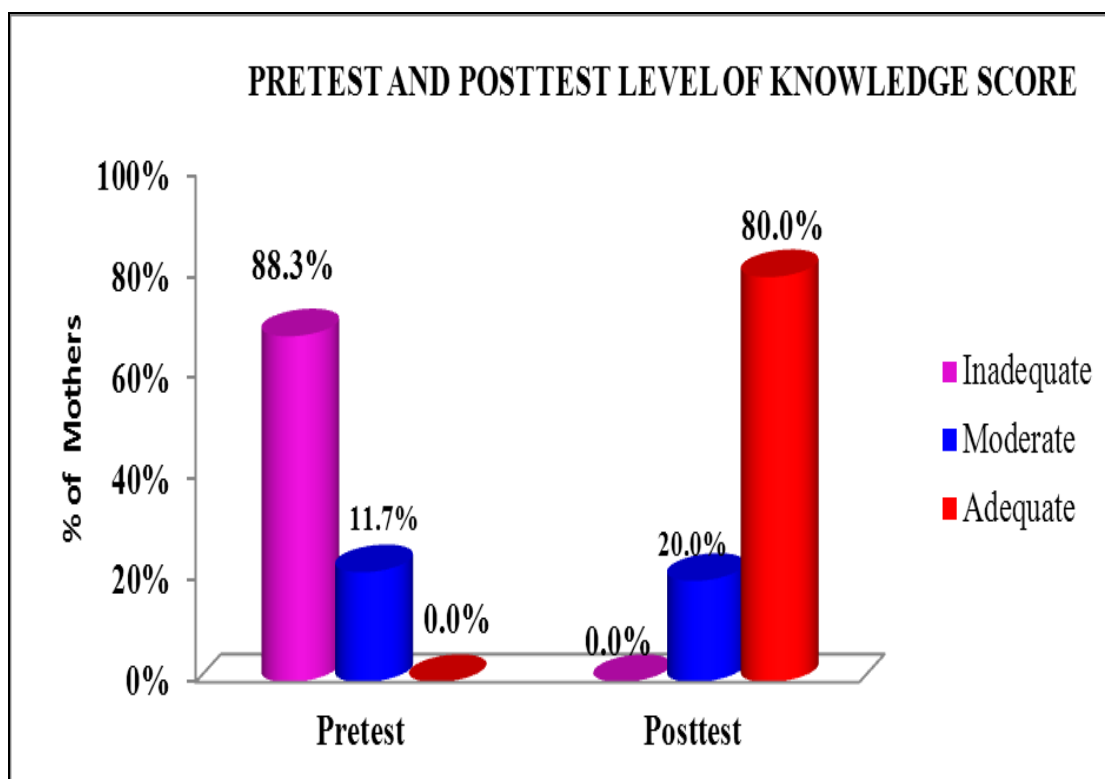


Fig-4.11: Domainwise Pretest and Posttest Percentage of Knowledge score

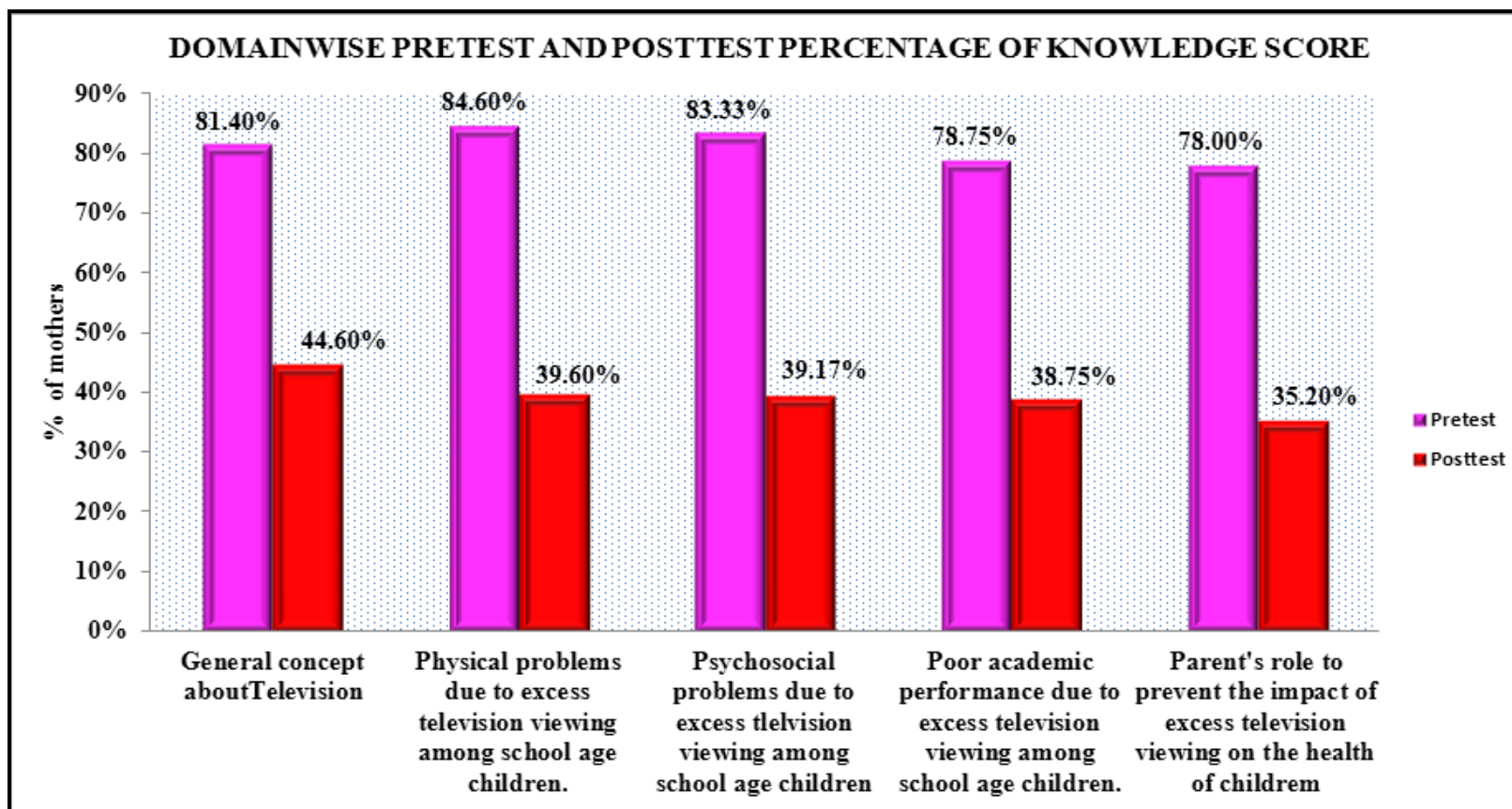


Fig-4.12: Domainwise Percentage Distribution of Knowledge Gain Score

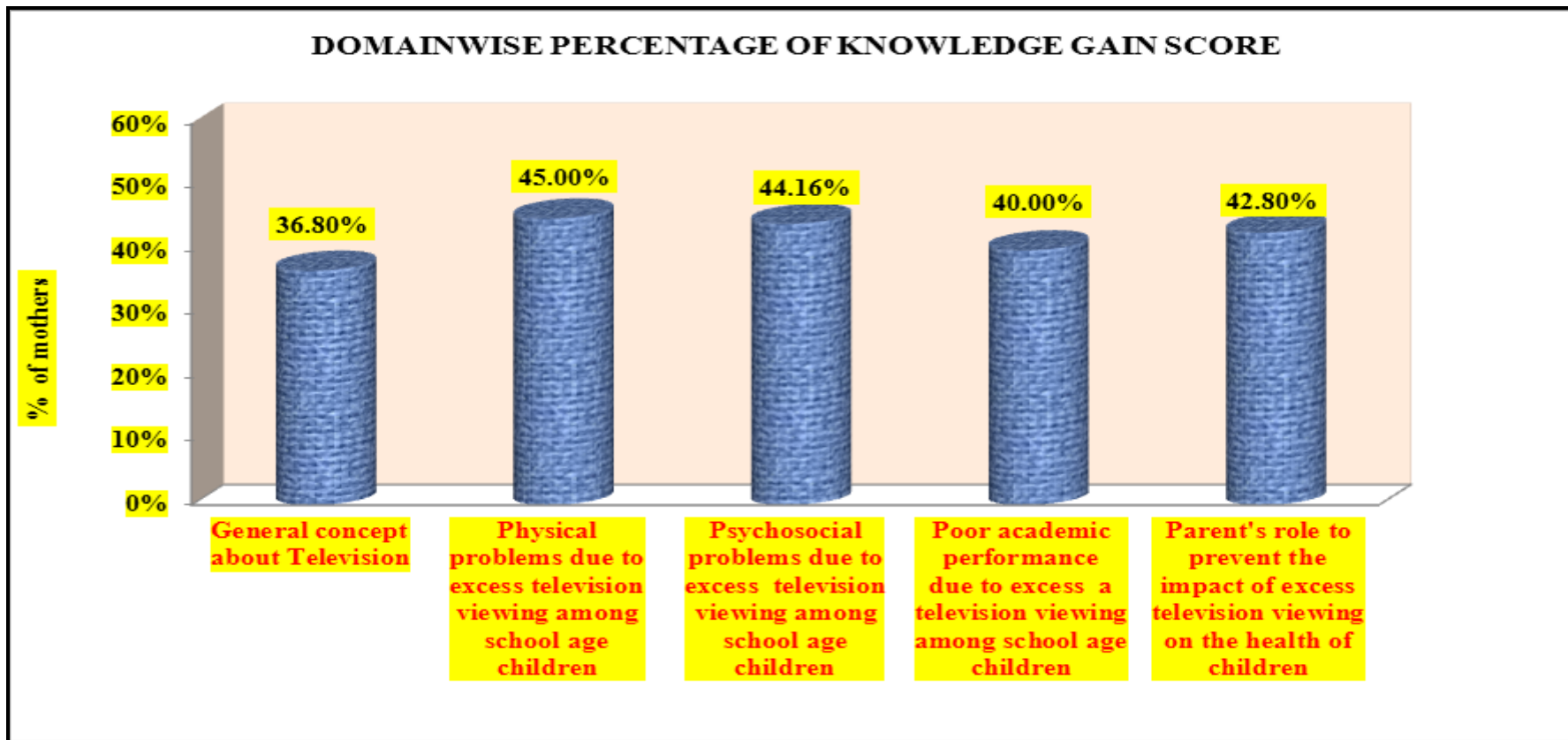


Fig-4.13: Percentage Distribution of Association Between Posttest Level of Knowledge Score and Mothers Age

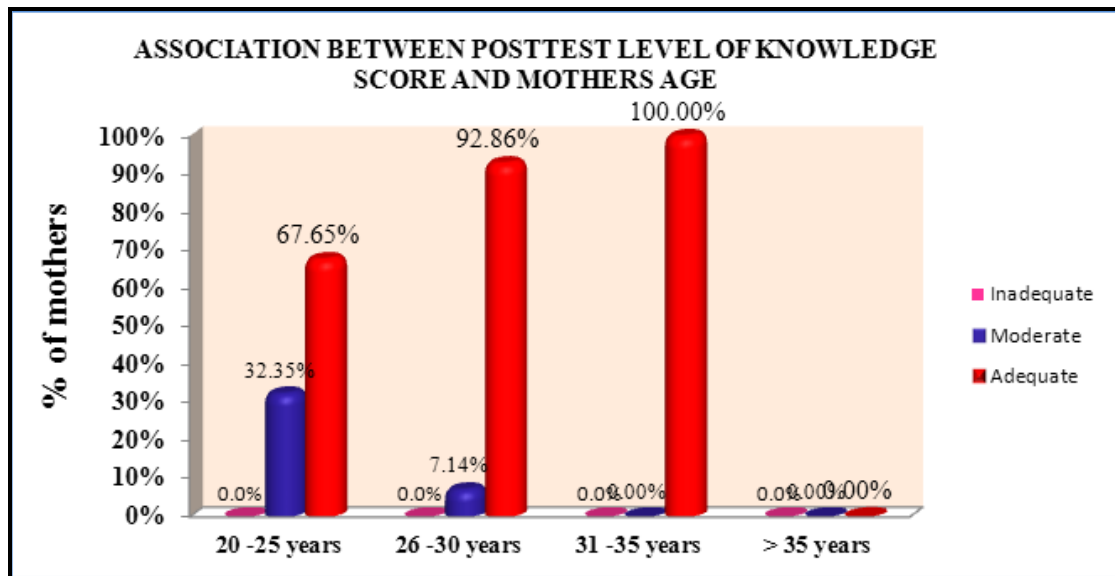


Fig-4.14: Percentage Distribution of Association between Posttest Level of Knowledge Score and Occupation of Mother

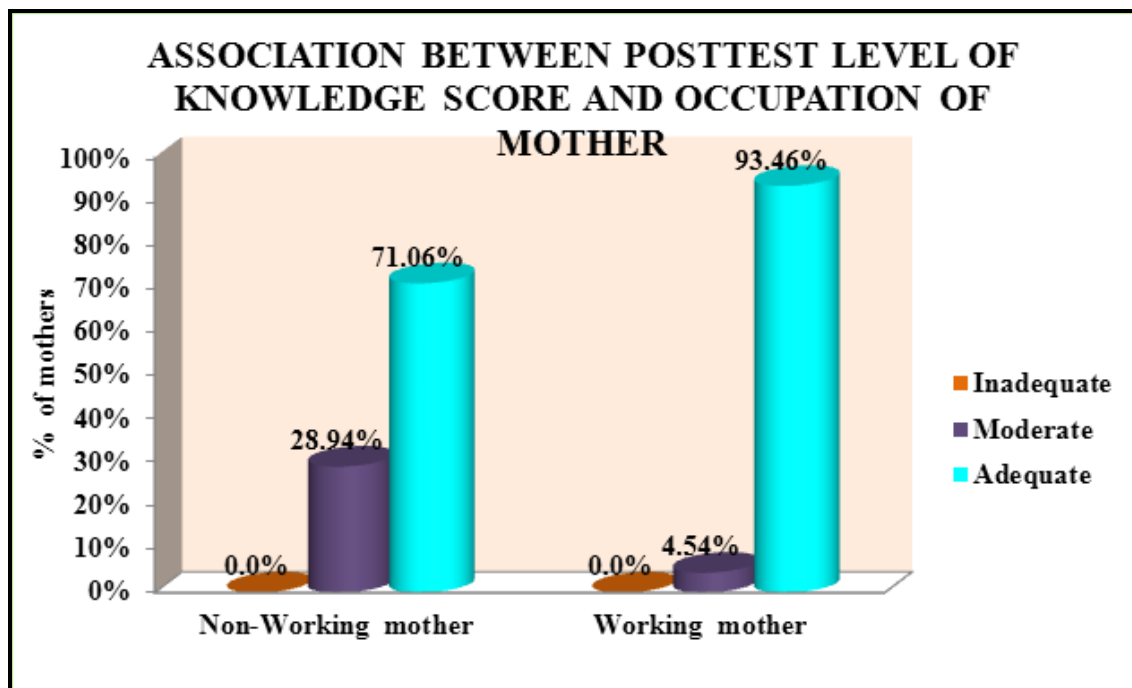


Fig-4.15: Percentage distribution of Association between Posttest Level of Knowledge Score and Time Spent by Mother in Interacting with the Child per Day

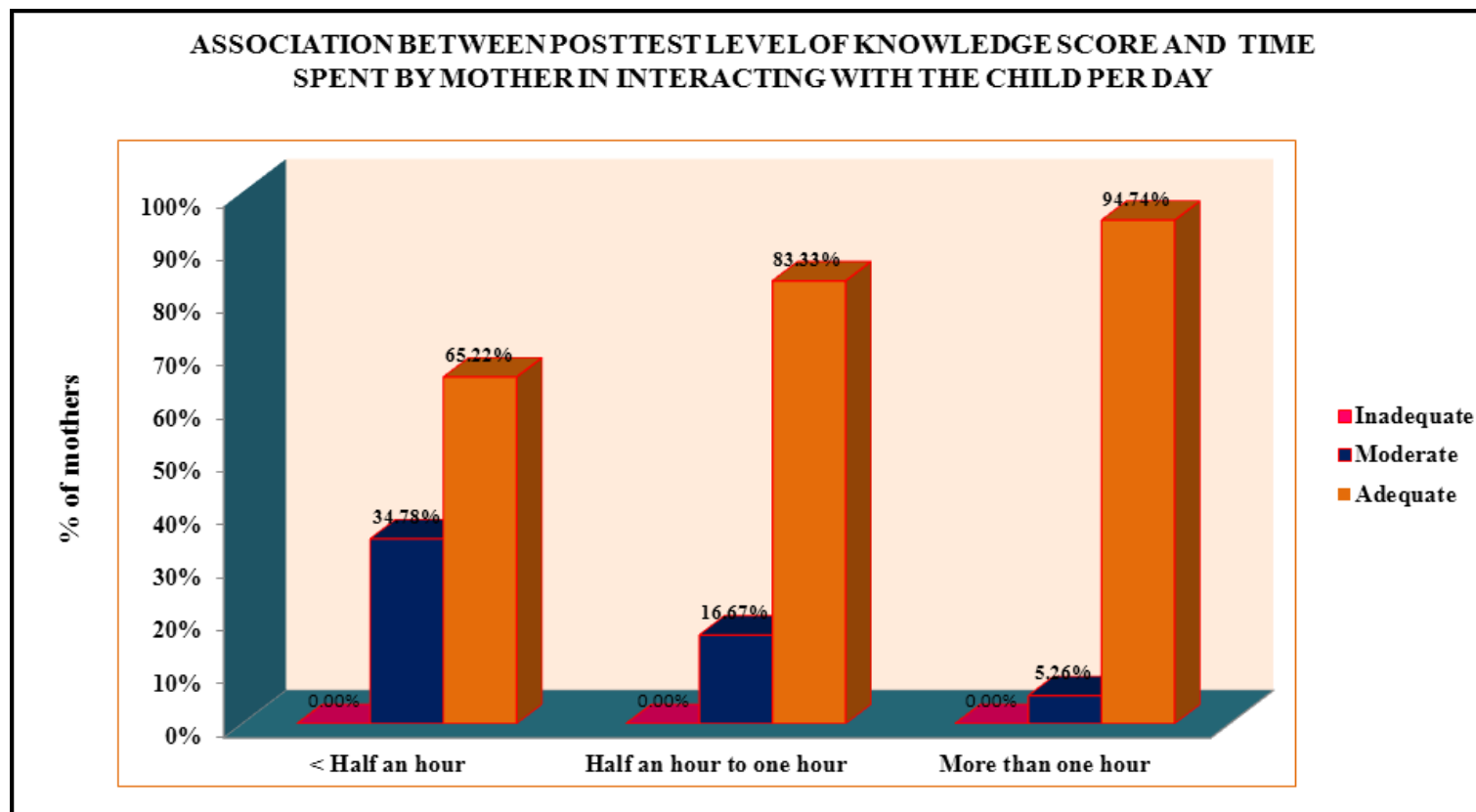


Fig-4.16: Percentage Distribution of Association between Posttest Level of Knowledge Score and Age of Child

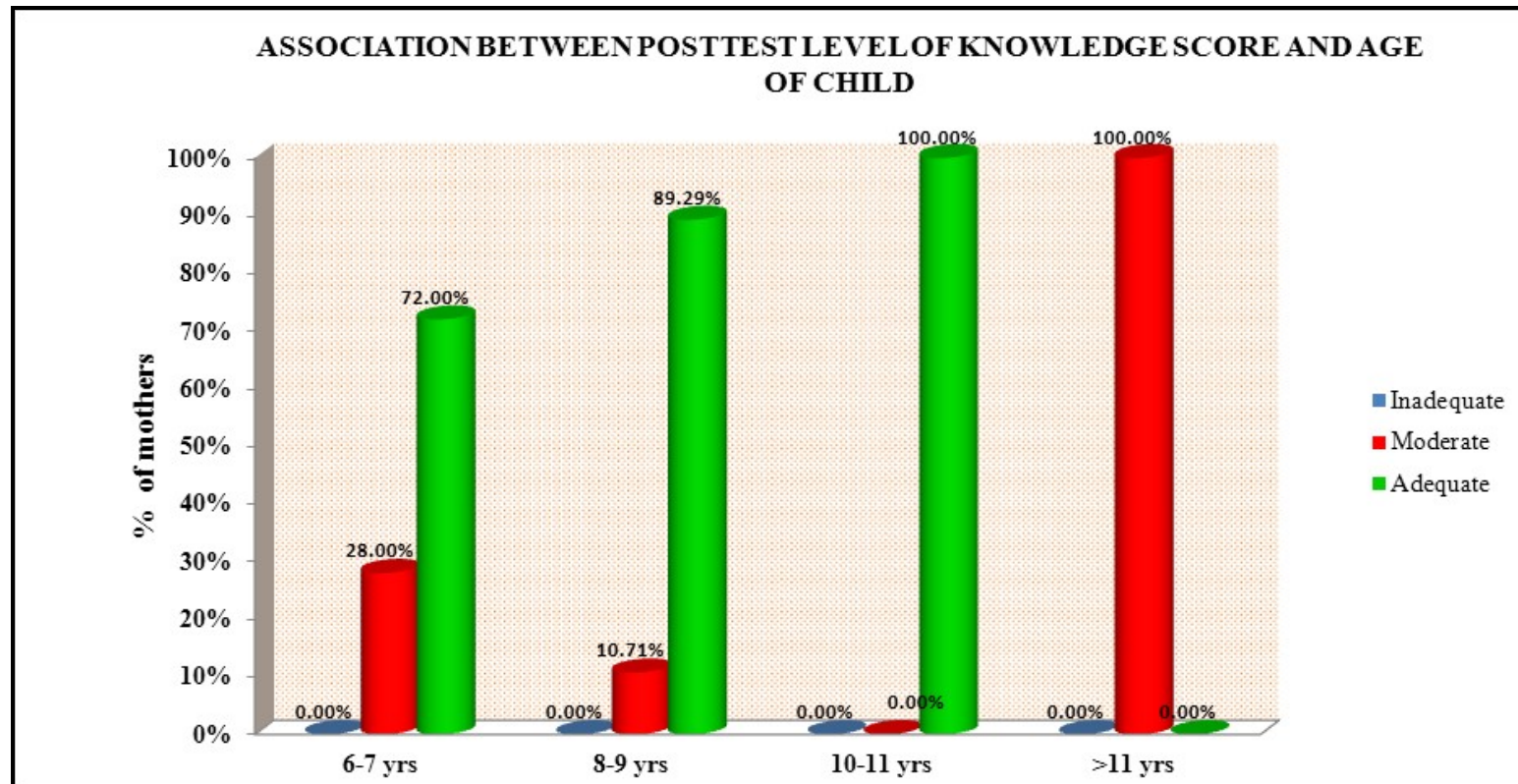
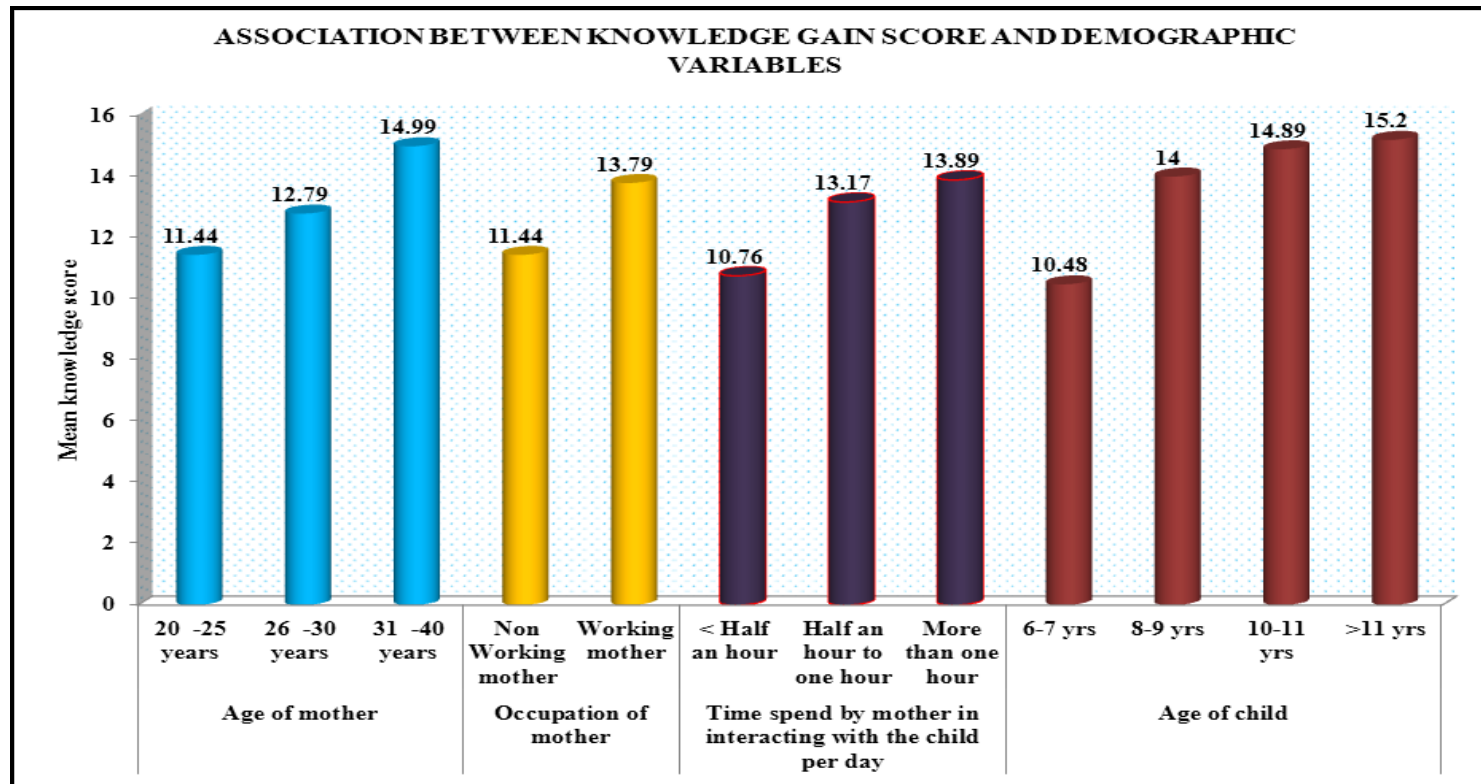
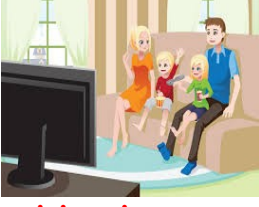


fig-4.17: Percentage Distribution of Association between Knowledge Gain Score and Demographic Variables



பெற்றோர்
தொலைக்காட்சி
பார்க்கும் அளவு
குழந்தைகளின்
தொலைக்காட்சி பார்க்கும்
பழக்கத்தை நிர்ணயிக்கிறது.



குழந்தைகள்
தேர்ந்தெடுக்கப்பட்ட
நிகழ்ச்சிகளை ஒரு.

நாளாக்கு 2 மணி நேரமும், ஒரு
வாரத்திற்கு 10 மணி நேரத்திற்கு
குறைவாகவும் பார்ப்பதற்கு
அனுமதிக்கவும்

படுக்கை
அறையில்
தொலைக்காட்சி
பெட்டி
வைப்பதை
தவிர்க்கவும்



2 வயதிற்கு
உட்பட்ட
குழந்தைகள்
தொலைக்காட்சி
பார்ப்பதை
முற்றிலுமாக
தவிர்ப்பது மட்டுமல்லாது ,
அவர்களின் மனவளர்ச்சியை
தூண்டக்கூடிய செயல்களை
ஊக்குவிக்கவும்.



குழந்தைகள்
பார்க்கும்
தொலைக்
காட்சி
நிகழ்ச்சிகளில்
கவனம்
செலுத்துக .

நிகழ்ச்சிகள் கல்வி சம்பந்த
-மாகவும் ,தகவல் மிக்கதாகவும் ,
வன்முறை அற்றதாகவும்
இருத்தல் வேண்டும்



குழந்தைகள்
தொலைக்
காட்சி
பார்க்கும்
நேரத்தை
தவிர்க்க மற்ற
நிகழ்ச்சிகளில்
படிப்பு ஈடுபடுத்தவும்.



(விளையாட்டு,

குழந்தைகள்
பார்க்க
வேண்டிய
நிகழ்ச்சிகளை
கண்காணிக்கும்
முறையை
கடைப்
பிடிக்கவும்.

குழந்தைகள்சண்டை காட்சியை
பார்த்து மற்ற குழந்தைகளிடம்
பயிற்சி செய்யும் பொழுது
தடுக்கவும்



குழந்தைகளிடம்
உண்மை மற்றும்
கற்பனையை
பற்றி
ஆலோசிக்கவும்



நொறுக்கு
தீனி மற்றும்
சத்தில்லாத
திண்பண்டங்
--களில்
உண்டாகக்

கூடியவிளைவுகளை

குழந்தைகளுக்கு
தெரிவிக்கவும்.

30நிமிடநிகழ்ச்சியில்7.2நிமிடம்
மட்டும்விளம்பரத்திற்காக ஒதுக்க
வேண்டும்.



புகையிலை மற்றும் மது
சம்பந்தமானவிளம்பரங்கள்,
பெண்களைதாழ்த்தியோ
குழந்தைகளின் பாதுகாப்பை
குலைக்கும் வகையிலோ
விளம்பரம் செய்யக்கூடாது.

குழந்தைகள் தொலைக்காட்சி
அதிகமாக பார்ப்பதை தடுப்பதில்

பெற்றொரின் கடமை



ஆய்வாளர்: ராஜாத்தி.க

பெற்றோர்
தொலைக்
காட்சி
பார்க்கும்
நேரம் மற்றும்
நிகழ்ச்சிகளின் பழக்கத்தில்
முன்னோடியாக இருக்கவும்



குழந்தை
களுடன்
அதிக
நேரத்தை
பேசுவதில்
செலவிடவும்

